

Roadmap

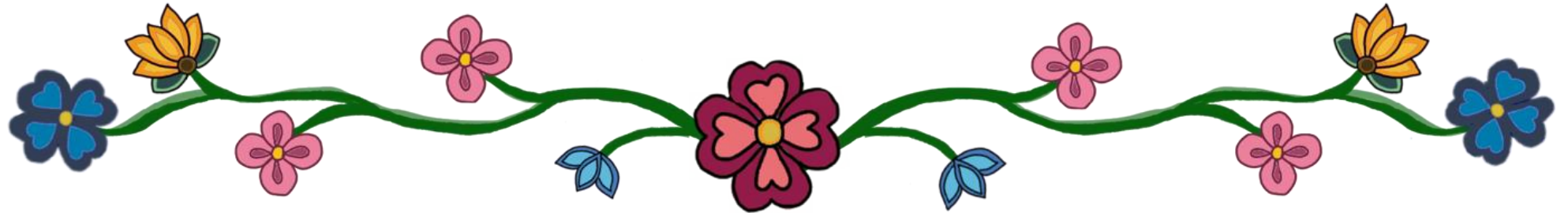
Introductions

Presentation

Group Activity



Two-Eyed Seeing Qualitative Analysis: A case study of research with three Native Nations



Northern Arizona University
Southwest Health Equity Research Collaborative (SHERC)

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Team Members

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- **Dr. Nicky Teufel-Shone**
- **Dr. Amanda Hunter (Pascua Yaqui)**
- **Dr. Karen Jarratt Snider (Choctaw)**
- **Ms. Carol Goldtooth (Navajo)**
- **Dr. Manley Begay (Navajo)**
- **Dr. Darold Joseph (Hopi)**
- **Dr. Chesleigh Keene (Navajo)**

- **Dr. Alisse Ali Joseph (Choctaw)**
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- **Carly Camplain (Comanche), JD; PhD candidate**
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- **Jennifer Etcitty (Navajo), MPH**
- **Kat Evans (Navajo), BA**
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- **Vaneka Hoskie (Navajo), Undergraduate**
- **Kendra David (Navajo), Undergraduate**

Acknowledgements and Gratitude

- **The participating Native nations and Community Partners**
- **The Native nations' Human Research Review Boards and Cultural Preservation Office**
- **All the interviewees – First Responders, Educators, Traditional Knowledge Holders and Practitioners, and those working in the Substance Abuse Recovery arena**
- **National Institutes of Health**

Arizona Native Nations

- 22 total Native nations
- Third-largest population of Indigenous peoples in the US (over 350,000)
- Represent ~ 4.6% of the state's population
- Project worked with three Native nations
- Each Native nation partner has a distinct experience with COVID-19 pandemic



WELLBEING AND RESILIENCE SUPPLEMENT

CONTEXT

Structural and health disparities on Native nations have exacerbated the impact of COVID for Indigenous peoples. Despite challenges faced and high rates of infection, Indigenous peoples and Native nations have demonstrated resilience.

The goal of this project is to document the resilience of Native nations and communities in Arizona and to identify the Indigenous Determinants of Health invoked during COVID-19.

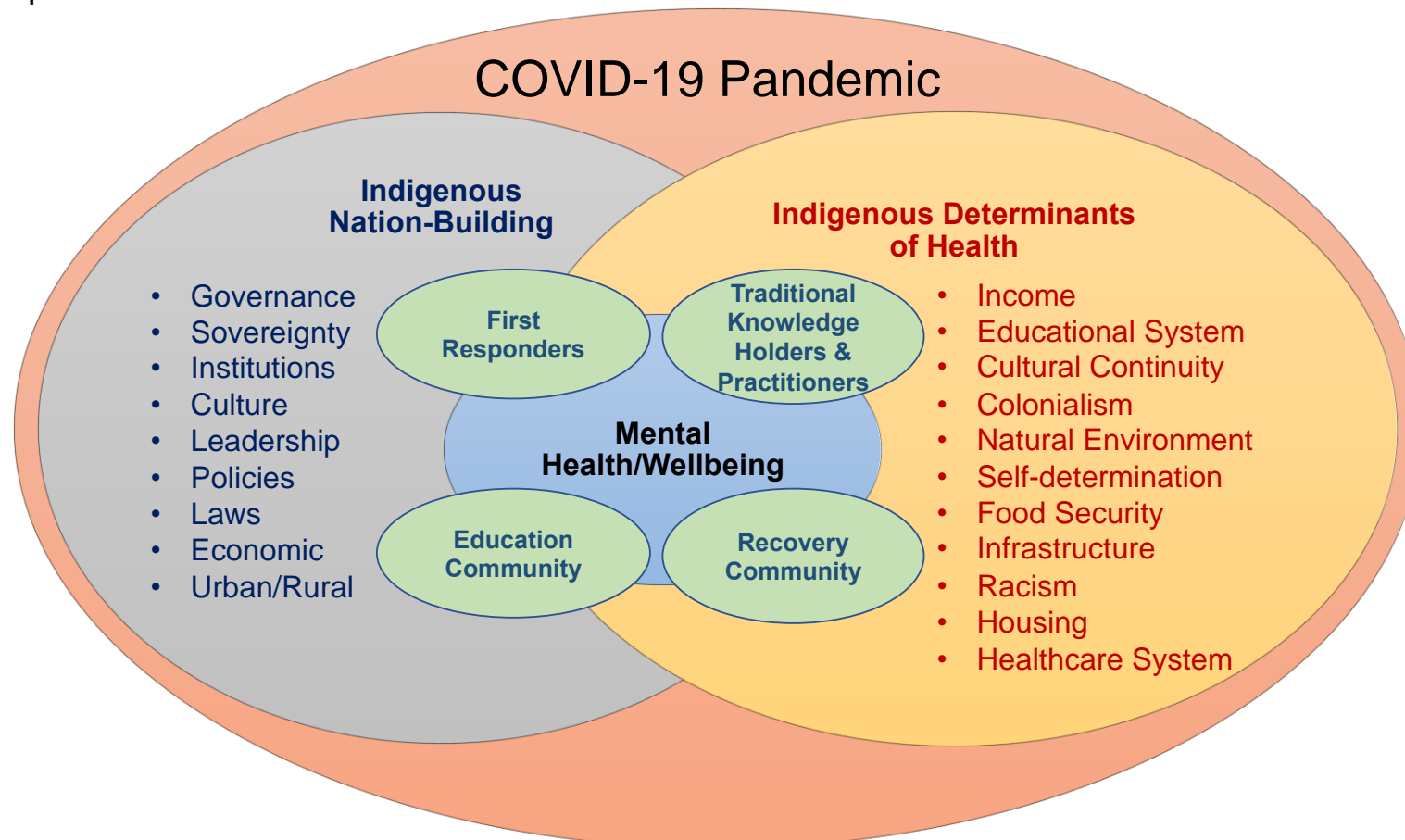


<https://www.istockphoto.com/photos/arizona-desert>

Methods

Research Question: What are the Indigenous determinants of health in Native nations and communities that shape mental health/wellbeing, and in turn, resilience during COVID-19?

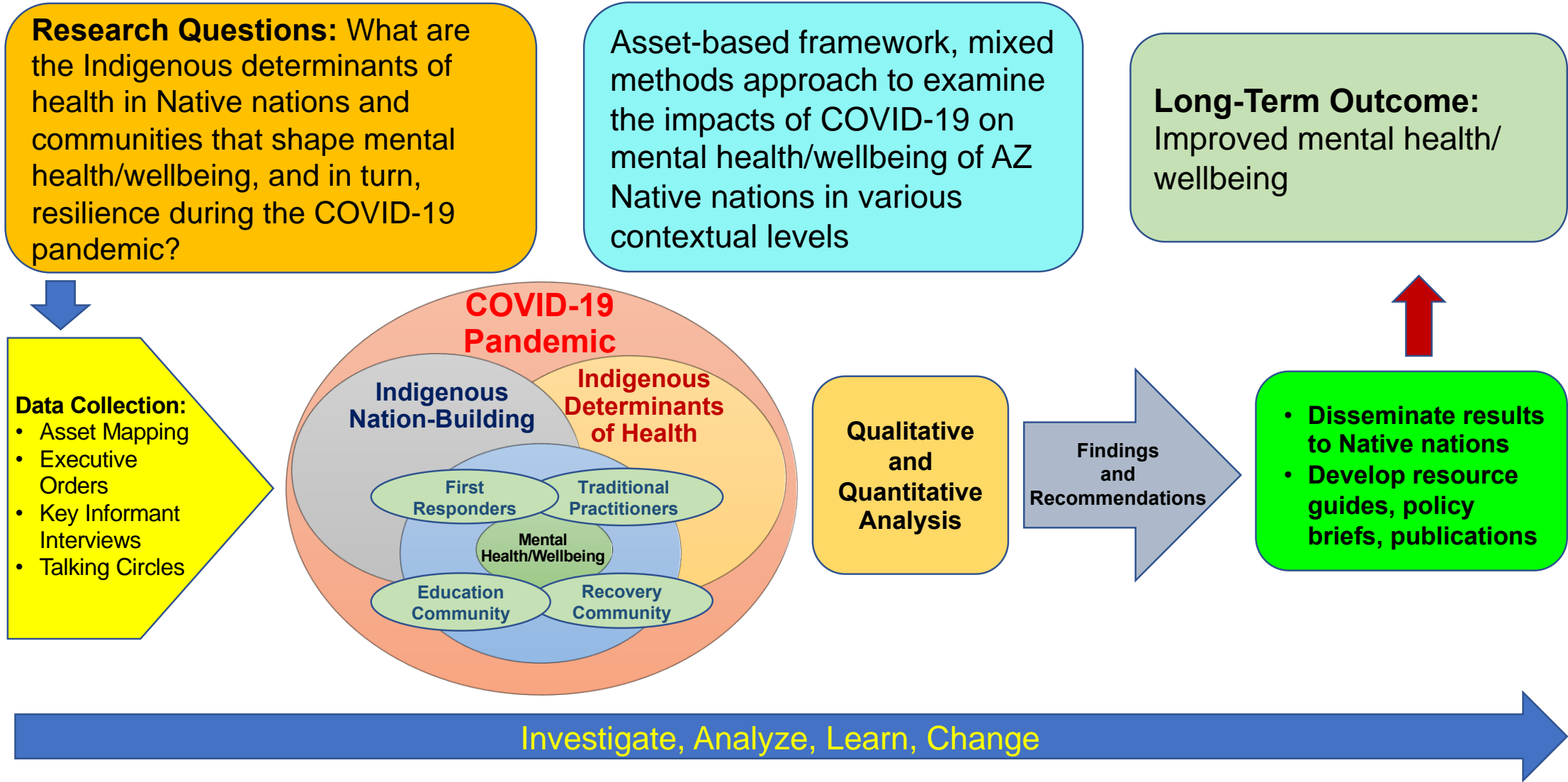
Conceptual Framework



Specific Aims

- 1) Determine the role of Indigenous determinants of health in tribal government policy and action that support Indigenous mental health and wellbeing, and in turn, resilience during the COVID-19 crisis.**
- 2) Document the impact of Indigenous determinants of health on Indigenous mental health and wellbeing, and resilience of four specific community groups: first responders (FR), educators (ED), traditional knowledge holders/practitioners (TKH/P), and members of the substance abuse recovery community (REC).**

Research Methodology



Asset Mapping

Community Asset-based Mapping is a process that draws on:

- **Appreciative inquiry**
- **Participatory approaches to development based on principles of empowerment and ownership,**
- **Collaborative economic development models that make the best use of a community's resource base,**
- **Recognizes social capital and efforts to strengthen society by engaging people as community members.**

Community asset profiles for each participating Native nation were mapped and informed the development of the community resource guide.

Executive Orders

- A collection of publicly available data such as legislation, executive orders, policy briefs, and organizational plans.
- Provide written documentation of tribal responses, tribal leaders and sovereignty.
- Intention is to develop an overview of content and timeline to guide tribal leaders in future adverse situations.
- Analysis is pending.

Key Informant Interviews and Talking Circles

- Hired Community Researchers from each of the partnering communities to assist with recruitment.

Key Informant Recruitment Goal:

- 10 individuals from each of the subgroups within each of the three communities.
- Goal 120 (n=92 completed interviews)

Talking Circle Recruitment Goal:

- One talking circle for each subgroup within each of the three communities.

Two-Eyed Seeing

Indigenous
Knowledge
and Ways of
Knowing

Western
Knowledge



Partnership Building

Project Development

Data Collection

Data Analysis

Dissemination

Two-Eye Seeing Exercise

Diabetes Control

Indigenous Lens	Western Lens
	<ul style="list-style-type: none"><li data-bbox="1294 505 1921 544">• Nutrition/Diabetes Education<li data-bbox="1294 619 2091 658">• Food Logs, Measuring Macronutrients<li data-bbox="1294 733 2091 772">• Blood Glucose Monitoring and Hb A1c<li data-bbox="1294 848 1676 886">• Insulin Injections<li data-bbox="1294 962 2007 1001">• Following an Exercise Prescription

Total Participants

Table 1. Participants in interviews and talking circles in the three Native nations

Community	Nation A	Nation B	Nation C	
Key Informant Interviews Interviewed/Goal				Subtotals
Recovery	1 / 10	4 / 10	8 / 10	19 / 30
First Responders	10 / 10	8 / 10	7 / 10	25 / 30
Educators	10 / 10	9 / 10	7 / 10	26 / 30
Traditional Knowledge Holders	10 / 10	6 / 10	6 / 10	22 / 30
Subtotals by Community	31 / 40	27 / 40	28 / 40	92 / 120
Talking Circles				Subtotals
Recovery	2 TCs (5 participants)			2
First Responders	0 TCs			0
Educators	1 TC (2 participants)			1
Traditional Knowledge Holders	1 TC (6 participants)			1
Subtotals by Community	4 TCs (13 participants)			4

Selected Quotes from Initial Interviews

FR: “Your project has allowed me to talk about what I’ve been feeling and holding in for a long time. Thank you for giving me a chance to talk about the pandemic which has been very difficult .”

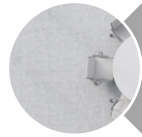
TKH/P: “It appears that the pandemic rekindled an appreciation of the traditional herbs and medicine that our ancestors used long before the coming of Western European medicine.”

ED: “We as teachers have had to explore innovative and diverse ways of reaching students educationally given the many different situations each student was facing.”

REC: “We have had to expand our perceptions of addiction treatment during the pandemic.”

Community Engagement

Dissemination Audiences



Collaborating and stakeholder organizations



Local recovery groups, treatment centers, and individuals in recovery



K-12 and higher education educators and administrators



Directors of first responder agencies



Traditional medicine people



Elected community leaders

Community Engagement

Dissemination

Zoom/in-person presentations to Indigenous audiences



Presentation to Tribal Councils, Regional Health and School Boards, Medicine Person Associations



Aggregate report for all participating Native Nations



Present results at Research Review Board Conferences and other Meetings



Develop Print and Digital Resource Guides to assist Native nations with programs and grants on these topics

WELLBEING AND RESILIENCE EDUCATIONAL MATERIALS

- Print and digital resource guides
- In-service training sessions
- Educational materials specific to Indigenous audiences
- Collectively determine future recommendations with stakeholder organizations



LET'S TALK ABOUT MENTAL WELLNESS

CDC Mental Wellness During COVID-19 Crisis

COVID-19 affects our lives in many ways that it may cause us to experience stress, anxiety, and fear. However it is important to take care of our mental wellness. Everyone handles stress differently therefore it is important that you and your family be mindful of your behavior and emotions.

What is stress?

From the Oxford Dictionary, stress is a state of mental or emotional strain or tension resulting from adverse or very demanding circumstances.

What is anxiety?

From the Oxford Dictionary, anxiety is a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome.

Common reactions to COVID-19:

- Concern about protecting oneself from the virus because they are at higher risk of serious illness.
- Concern that regular medical care or community services may be disrupted due to facility closures or reductions in service.
- Feeling socially isolated, especially if they live alone or are in a community setting that is not allowing visitors because of the outbreak.
- Guilt if loved ones help them with activities of daily living.
- Increased levels of distress if they:
 - Have mental health concerns before the outbreak, such as depression.
 - Live in lower-income households or have language barriers
 - Experience stigma because of age, race or ethnicity, disability, or perceived likelihood of spreading COVID-19.

Ways to cope with stress and anxiety:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body.
 - Take deep breaths, stretch, or meditate.
 - Try to eat healthy, well-balanced meals.
 - Exercise regularly, get plenty of sleep.
- Avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.
- Exercise (workout, household chores, yard work, hobbies, sports, etc.)
- Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.
- People with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms.

928.810.7357
MENTAL HEALTH
HELPLINE

source: CDC on Stress and Coping:
<https://www.cdc.gov/coronavirus/2019-ncov>

Navajo Health Command Operation Center
(928) 871-7014
www.ndoh.navajo-nsn.gov/COVID-19
coronavirus.info@ndoh.org



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Thank You!
Questions?

**We'd Appreciate Your
Feedback!**

Workshop Evaluation QR
Code



https://nau.co1.qualtrics.com/jfe/form/SV_9zscC94Du70CxAa

Two-Eyed Seeing Activity

1. Split into groups.
2. Pick a topic or public health issue (e.g. diabetes, substance abuse).
Write your topic at the top.
3. Write down western approaches to address the topic / public health issue in Q1.
4. Write down Indigenous approaches to addressing the topic / public health issue in Q2.
5. Write down the challenges of using a Two-Eyed Seeing approach to address topic / public health issue in Q3.
6. Write down the benefits of using a Two-Eyed Seeing approach to address your topic / Public Health Issue. Q4

