

# RISING ABOVE: COVID-19 IMPACTS TO CULTURE-BASED PROGRAMMING IN FOUR AMERICAN INDIAN COMMUNITIES

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*Abstract: The COVID-19 pandemic has disproportionately impacted American Indian and Alaska Native (AI/AN) communities. Tribes, tribal organizations, AI/AN youth and community-serving programs, and tribal health organizations have responded and adapted programs and services in response to the COVID-19 pandemic. This paper explores how COVID-19 impacted Native PRIDE, an American Indian non-profit organization, and the tribal communities involved in the Intergenerational Connections Project (ICP). Native PRIDE utilized a mixed-method Indigenous Evaluation Framework (IEF) to reflect on COVID-19 impacts. Qualitative data collected during the COVID-19 pandemic and quantitative data from an online survey helped Native PRIDE explore impacts and recommendations for future programming. With a focus on context and relationship, this paper explores what was felt, observed, and known by program participants and Native PRIDE staff in the delivery of ICP during the COVID-19 pandemic. Results from this evaluation are a reminder of the importance of strengthening cultural resilience by providing access and opportunities for AI/AN youth, elders, and adults.*

## INTRODUCTION

American Indians and Alaska Natives (AI/ANs) experienced greater impacts from COVID-19 than the general population (Tai et al., 2021). In the United States, the overall incidence of COVID-19 among AI/AN persons was 3.5 times higher than non-Hispanic White persons (Hatcher, 2020), and the mortality ratio was 1.8 times higher than non-Hispanic White persons (McLernon, 2021). A recent study called attention to the impacts of COVID-19 on AI/AN youth, with one of every 168 AI/AN children experiencing orphanhood or death of caregivers due to

COVID-19 (Hillis et al., 2021). Disproportionate mortality and incidence are not the only negative outcomes associated with the pandemic that is observed in AI/AN communities. AI/AN communities experienced social, cultural, and economic shifts that impacted their physical and mental well-being. Shelter-in-place policies prohibited gathering and participation in cultural and traditional activities, long associated with individual and collective well-being in AI/AN communities (Owen et al., 2021). Studies published early in the pandemic reported higher rates of depression, suicidality, and COVID-19-related stressors among AI/AN adults (Burton et al., 2020; Fitzpatrick, 2020). Economic shifts also occurred as AI/AN communities experienced decreases in revenue due to the closure of tribal businesses and tribal lands. Some tribes reported losing at least 40 percent of their revenue since the beginning of the pandemic (Gregg & Lozarr, 2021). Other tribes reported increases in operating costs and reductions in cultural programming and health care services (Gregg & Lozarr, 2021).

Tribes, communities, and organizations throughout Indian Country demonstrated a rapid response to the COVID-19 pandemic. They prioritized the needs of the elderly and populations at higher risk for COVID-19-related complications. Stories of hope, resilience, and kinship systems inspired many. Tribes were among some of the only groups in the United States that focused on collective well-being. Communities across Indian Country established policies, adapted services, and developed resources to keep individuals and families safe. Tribes partnered with federal agencies during the pandemic, including the US Centers for Disease Control (CDC), Federal Emergency Management Agency (FEMA), and Indian Health Service (IHS). Tribes also established routine COVID-19 surveillance, implemented rapid coordination and response, applied innovative communication strategies, and led inventive education and service delivery strategies (Humeyestewa et al., 2021; Oleribe et al., 2021; Pratt et al., 2021). Public health communications and safety messaging throughout Indian Country were adapted to reflect the culture, traditions, language, and experiences of AI/AN people (O'Keefe et al., 2021). Many tribal health programs transitioned to virtual service delivery and outreach such as telehealth services, online classes for K-12 students, and the use of social media for connection, risk communication, and resource sharing (Stevens et al., 2020; Kuhn et al., 2020). While there is a broad understanding of COVID-19 impacts on Indian Country as presented here, there is a lack of information about how culturally based programs in AI/AN communities adapted during the COVID-19 pandemic.

Research has well documented that cultural and spiritual practices in health interventions can improve health outcomes for AI/AN communities (Owen et al., 2021; Pomerville & Gone,

2019). AI/AN cultural and spiritual practices also promote community and cultural connection, both protective factors in the experience of trauma (Schultz et al., 2016). During the COVID-19 pandemic, tribes across the country quickly responded to the emerging threat by adopting safety measures, closing or adapting tribal in-person services, and canceling tribal gatherings. Cultural celebrations including pow wows and tribal Feast days were canceled, and spiritual practices including sweats and ceremonies were not offered. Communities saw a decline in the spiritual and cultural interventions offered as a result of shelter-in-place policies. This decline occurred during a time of intense uncertainty when AI/AN communities were faced with disproportionate adverse outcomes from COVID-19. This was a time when culturally centered programming that promotes healing and well-being was needed, but limited. However, many culturally based programs across AI/AN communities adapted services to continue healing interventions. It is essential to document how organizations adapted programming during the COVID-19 pandemic to further strengthen the capacity of tribal programs to respond to future emergencies in AI/AN communities to continue cultural and spiritual-based programming. This paper highlights the work of how one culturally based program, Native PRIDE's Intergenerational Connections Project (ICP), adapted healing interventions during the COVID-19 pandemic.

### **Native PRIDE and the Intergenerational Connections Project**

Native PRIDE<sup>1</sup> is an American Indian-owned non-profit organization that works with Native people to develop and implement cultural- and spiritual-based programs that inspire wellness and healing. Native PRIDE's programs address at-risk behaviors such as substance abuse, bullying, negative peer pressure, unhealthy relationships, suicidal ideation, and fatalities among AI youth. In October 2016, Native PRIDE received funding from the Administration for Native Americans (ANA) to implement the ICP with four tribes in Montana and South Dakota. Tribal locations included two schools, one recovery center, and one youth-serving organization. ICP's goal was to increase cultural resilience and sustain cultural participation over time with youth and elders. ICP activities focused on the use of cultural resilience, culture-based programs that incorporate spirituality (healing), youth-adult mentorships, peer-counseling strategies (youth helping youth), creating safe and sacred opportunities that allow Native youth to break the unhealthy cycles of historical trauma (colonization), and strengthening Native youth's facilitation

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<sup>1</sup> [www.nativeprideus.org](http://www.nativeprideus.org)

skills among their peers and community. The COVID-19 pandemic greatly impacted the delivery of this project during a time when many Native communities were unable to engage in cultural and traditional practices.

During the first year of ICP, sites identified a list of cultural activities they wanted to complete. Elders were matched with youth and completed activities such as beading, fasting, culture camps, visits to sacred sites, regalia making, gourd dancing, language classes, plant identification classes, and storytelling. The Good Road of Life (GRL) training was a primary component of the ICP. Elders and youth from each of the sites completed at least one GRL training during the five-year project. During the last 18 months of ICP, only two in-person GRL trainings were offered due to COVID-19 meeting restrictions. Goals of the GRL training were to strengthen cultural resilience, increase social support, develop leadership skills, and promote healthy relationships. Previous publications by Native PRIDE demonstrate the positive impacts of GRL on building resilience and sources of strength in communities and individuals (Kelley et al., 2018; Kelley & Small, 2020; Kelley et al., 2020).

**Figure 1. Timeline of COVID-19 impacts on Native PRIDE ICP**

December 2020	Last Good Road of Life (GRL) in-person training in one tribal community before pandemic
January 2020	Term "COVID-19" emerges, team discussions begin about potential impacts to culture-based programming
February 2020	Native PRIDE recognizes that most in-person events will be canceled due to the COVID-19 pandemic
March 2020	Meetings with four tribal communities to discuss alternative elder-youth mentoring activities and culture-based programs
June 2020	First Zoom-modified GRL training occurs, technology is an issue
December 2020	Zoom-modified GRL trainings continue, individualized support provided for tribal communities, refocused on workplace wellness, grief, loss, managing stress, anxiety, and isolation
March 2021	Native PRIDE online survey sent to all sites and previous GRL attendees to document impacts of ICP and COVID-19
July 2021	First in-person culture camp offered at Bear Butte, South Dakota, ICP GRL training and victory celebration with sites in South Dakota, student evaluation intern travels to tribal communities and creates a video of ICP accomplishments
August 2021	Second ICP GRL in-person training and victory celebration with sites in Montana, student evaluation intern travels to victory celebration and tribal communities to support data collection for final evaluation
September 2021	Virtual ICP/ANA grantee closeout celebration, video shared with all grantees, ICP student guest speaker shares how he received a college scholarship during COVID-19 and is rising above the challenges he experienced

The primary goal of this paper is to explore how COVID-19 impacted Native PRIDE, a culturally based program in Indian country, and tribal communities involved in the ICP, and how the project staff and tribal communities adapted services to meet program goals. A secondary goal is to reflect on what was felt, observed, and known during the COVID-19 pandemic and adaptations that were made.

## METHODS

Native PRIDE hired an external evaluator at the beginning of the 5-year ICP. This evaluator worked closely with Native PRIDE and sites throughout the project. A hallmark of the Native PRIDE ICP external evaluation model is building community capacity for evaluation with student evaluation interns. Over the five-year project, the evaluator trained 10 AI students and community members in research methods, survey development, data collection, data analysis, and dissemination. The evaluator and AI student interns worked closely with Native PRIDE's CEO, Dr. Clayton Small, to develop alternative strategies for data collection, outreach, and the continuation of elder-youth mentoring and cultural activities during the COVID-19 pandemic.

Native PRIDE utilized an Indigenous Evaluation Framework (IEF; LaFrance & Nichols, 2010). The IEF synthesizes Indigenous ways of knowing and western evaluation practice. Importantly, the IEF situates the evaluation in context and relationship to the place, setting, and community with which the evaluation is carried out (LaFrance & Nichols, 2010). Within this context, Native PRIDE reflected on program impacts, value, connection, and meaning. The Native PRIDE evaluation on *rising above* COVID-19 draws on community values and aspirations using five guiding questions informed by the IEF: 1) What did you see? 2) What did you feel? 3) What did you hear? 4) What do you know now? and 5) How did you rise above?

The evaluation explored the impacts of the COVID-19 pandemic on ICP efforts using a mixed-methods, culturally centered approach. The mixed-methods evaluation included both quantitative and qualitative methods. Qualitative measures included informal interviews conducted during site meetings with Native PRIDE staff, tribal site coordinators, and the evaluation team. In these interviews, staff reflected on the COVID-19 pandemic, lessons learned, and recommendations for future work. The staff provided insight into how the COVID-19 pandemic impacted Native PRIDE. Quantitative measures included an online survey, sent to GRL program participants, that explored the impact of COVID-19 on tribal communities. The online survey link was disseminated by email to site coordinators who then forwarded it to youth and

elders involved in ICP and GRL trainings. Only participants that attended the GRL training (the individuals served with this funding) were included in the analysis. Upon completing the survey, respondents were entered into a raffle and had the chance to win a \$50 gift card.

The online survey included 15-questions to document the overall impact of ICP and the impacts of COVID-19. Information about program impacts (12 survey questions) will be reported in a separate publication and submitted to the funding agency. This paper reports on three of the survey questions that directly examined the impacts of the COVID-19 pandemic and GRL trainings. One question examined the overall impact of GRL trainings on participant well-being. Participants were asked, “Think about how you feel today compared to before you attended the GRL ICP training. For each statement, rate any changes that came from your participation in the training(s).” Response options were based on a 5-point Likert-type scale where 1 = Much Better, 2 = Somewhat Better, 3 = About the Same, 4 = Somewhat Worse, 5 = Much Worse. This question is directly tied to participant involvement in the GRL ICP training during the COVID-19 pandemic and demonstrates the potential benefits of participation in culture-based programming during the pandemic. The other two questions related to COVID-19 mental and physical health impacts. Participants were asked, “How has COVID-19 impacted your education or career plans?” with an open text response option. Lastly, participants were asked “How has COVID-19 impacted you?” with fixed response options. Participants were asked to select all response options that apply, see Table 1. Response options were created based on the team’s knowledge of COVID-19 impacts and previous work completed by Native PRIDE.

## **Analysis**

Quantitative data from the online survey were analyzed using basic frequency counts and descriptive statistics in Microsoft Excel (Version 2110). We reviewed mean scores for each statement and percent agreement, where applicable. The evaluation team utilized a modified content analysis approach (Hsieh & Shannon, 2005; Schreier, 2012) to analyze qualitative data collected during virtual meetings, trainings, phone calls, and emails during the COVID-19 pandemic. Using a modified content analysis approach, qualitative data responses were coded by emerging themes and categorized under the IEF questions. After the initial content analysis, the evaluation team sent themes and responses to IEF questions to the Native PRIDE team. Five local staff reviewed the themes and IEF responses to situate the evaluation in context and relationship to the place, setting, and community with which the evaluation was carried out (LaFrance &

Nichols, 2010). The Native PRIDE team agreed on the coding and responses to IEF prompts from the content analysis. These are presented in the findings section of this publication.

## FINDINGS

### Impacts from COVID-19

In total, 141 people completed the survey. It was not possible to calculate the actual survey response rate as emails were forwarded from the evaluation team to project staff at the four sites to disseminate. The analysis presented here includes only those individuals that attended a GRL training in the past five years during the ICP ( $n = 76$ ). Of the 76 participants that attended a GRL training in the past five years, 54% were female ( $n = 41$ ), 43% male ( $n = 33$ ), and 3% were non-binary/third gender ( $n = 2$ ). The average age of respondents was 25.69 ( $SD = 16.73$ , range 13-73 years). Tribal affiliation varied. Most were affiliated with the Ogalala Sioux Tribe (45%) or the Fort Peck Tribes (26%). The number of GRL ICP trainings attended in the past five-years varied. All respondents completed at least one GRL ICP training, with a mean of 2.65 trainings ( $SD = 1.57$ , Range 1 to 5 trainings). Respondent roles varied; 47% were attendees ( $n = 35$ ), 33% youth role models/mentors ( $n = 25$ ), 13% clan leaders ( $n = 10$ ), 3.5% mental health professionals ( $n = 3$ ), and 3.5% unknown ( $n = 3$ ).

When asked about their participation in the GRL trainings that took place during the COVID-19 pandemic, results show that respondents ( $n = 72$ ) feel that they are much better with regard to healthy choices, participation in cultural activities, and the ability to seek help when needed. Briefly, 51% feel much better about healthy choices ( $n = 35$ ), 45% feel much better about their ability to seek help when they need it ( $n = 32$ ), and 45% also feel much better about participation in cultural activities ( $n = 32$ ).

We asked, “How has COVID-19 impacted your education or career plans?” Responses ( $n = 66$ ) were open text and varied. The most frequent open text responses were related to difficulties with online learning. One respondent wrote, “I don’t have Wi-Fi so I could not do the work.” Another wrote, “School is different, and it is a lot harder to learn.” Respondents expressed challenges related to limits to social activities, not being able to see friends, feeling depressed, family impacts, and feeling lonely. One respondent wrote, “I lost all motivation to do anything, even to get up.” Another respondent wrote, “I am an in-person learner so it’s a struggle sometimes

just something I have to get used to.” Several responses related to missed opportunities to attend trainings, changes to college plans, and loss of friends and family members.

We asked respondents how the COVID-19 pandemic has impacted them using fixed responses and instructed them to select all responses that apply. These are the top COVID-19 impacts reported by survey respondents in order of impact in Table 1.

**Table 1**  
***COVID-19 impacts as reported by survey respondents (n = 130)***

<b>COVID-19 Impacts</b>	<b><i>n</i></b>	<b>% of Responses</b>
Are not as active	25	19%
Other*	23	17%
Have not been able to participate in cultural activities and ceremonies	20	15%
Are more anxious	16	12%
Are not able to access resources they need to stay healthy	12	9%
Don't have anyone they can talk to about how they feel	9	7%
Feel more depressed	9	7%
Don't feel positive about the future	6	5%
Don't have access to reliable technology and therefore are getting behind in school	6	5%
Engaging in unhealthy behaviors	3	2%

\*Other responses (n = 23) were sports, everything is virtual, no impacts, being a teen mom, nervous about the army, closer to a higher power, and feeling shy.

## Rising Above

With the COVID-19 impacts in mind, the team reflected on what they saw, felt, heard, and know using IEF prompts as a guide (LaFrance & Nichols, 2010).

### ***What did you see?***

Our four partnerships in Montana and South Dakota had to be creative to deliver the cultural activities to their youth, elders, and community by Zoom webinars, digital stories, and other videos of sacred sites. The gatherings had to be smaller in size due to COVID-19 protocols. During a normal year, the youth and elders would have journeyed to the sacred sites to camp, make offerings, and prayers. This was not possible due to COVID-19. Sites adapted to COVID-19

meeting restrictions. One site created a 45-minute video of their sacred sites located on the Northern Plains. The students viewed this video, and their homework assignment was to prepare a short presentation to be delivered at their annual pow wow. They also completed a written report on their thoughts and feelings after viewing the sacred site videos. Documenting the reach of activities and the impact transitioned from paper to online methods. This impacted our ability to evaluate the full reach of activities and youth perspectives. We observed fewer social interactions and dialogue between participants during in-person gatherings and virtual meetings. Before COVID-19 our evaluation team would attend events in person, take photos and use photos as a data source, conduct interviews on-site, and collect paper surveys. The transition to online methods made it difficult to fully evaluate the value and impact of activities.

#### ***What did you feel?***

The pandemic highlighted the ongoing health disparities among AI/ANs in the United States. There were many losses to families, friends, and coworkers. The traditional funeral services and hospital visits were not allowed due to COVID-19, and this made the grief work and healing more difficult. The youth were impacted as a result of their social isolation from their peers and school activities. Youth reported being depressed, anxious, and frustrated. Rural isolation and lack of internet services and laptops made virtual education and training difficult. Despite the negative impacts, youth, adults, elders, and tribal leaders demonstrated resilience amidst the challenges. For example, one survey respondent wrote, "Native PRIDE taught me to depend on my strengths when I am down." Another responded, "I continue to use my cultural ceremonies Inipi and Sundance for strength." The communities quickly adopted life-saving measures and supported one another, getting to the vaccination thresholds that would allow in-person activities. Through the strength of our Native culture and spirituality, the tribal communities continue to rise above the negative impacts of the COVID-19 pandemic.

#### ***What did you hear?***

We heard from our youth, adults, and elders the sorrow they felt for the loss of their friends and family members. We also heard stories of post-traumatic stress disorder (PTSD) and severe side effects of those recovering from COVID-19. The pandemic put our Native communities in survival mode where the schools and community centers were transformed into sites to deliver food, clothing, medical equipment, and housing for community members. We also heard stories of children who lost both parents to COVID-19 and were seeking shelter from relatives and social

services. Many adults lost their jobs and were unable to pay their mortgage and car payments. This financial burden created much anxiety for both youth and adults.

***What do you know now?***

We know now that culture- and resilience-based mentoring, activities, and training can be successfully delivered in a virtual format, although it is not as impactful as in-person sessions. We also know the power of Native spirituality and ceremonies that continue to give hope and faith to the people during the pandemic and during the losses that continue to occur to community members. The pandemic reminded us that our Native spirituality is our greatest source of strength. The ongoing trauma, tragedies, threats, and other stresses, for example, the murdered and missing AI/AN men and women, continue to occur in our communities. Therefore, we are reminded of the importance of strengthening cultural resilience by providing access and opportunities for our youth, elders, and adults.

***How did you rise above?***

Our communities coped with the ongoing trauma using cultural resilience that we have acquired over many generations who have witnessed and experienced the impact of colonization upon our Native people. It is not new to us, and we have the valuable cultural teachings that guide us in our pursuit to be a good relative to those that are suffering losses and other stresses in their lives. It is important to be mindful that we need to focus on each day and not to be overwhelmed and anxious about what might happen in the future and to keep hope and faith alive through cultural teachings. Cultural teachings can be shared in small virtual activities with youth, elders, and adults and we can inspire hope and purpose by encouraging people to be peer mentors, to be flexible, compassionate towards each other, and have faith in the creators. Our ICP victory celebrations in July and August 2021 with our four ICP communities in Montana and South Dakota were successful in honoring the accomplishments of the youth and elders during the past five years in the ICP.

**Limitations**

Results presented here outline how Native PRIDE and four ICP communities continued to implement a culture-based mentoring program during COVID-19. The IEF and guiding questions are not meant to be generalizable or comprehensive. Rather, responses to the IEF questions are intended to provide insight about rising above during the COVID-19 pandemic. These responses

reflect the perspectives of Native PRIDE staff and site coordinators. Additional responses and lessons on rising above may have emerged if more individuals were involved in the qualitative data collection.

COVID-19 impacts documented in the online survey represent only those individuals that completed the survey; they do not represent all AI/AN youth, elders, or communities. Since the time the data were collected (March 2021), impacts may have changed or become more pronounced. Even with these limitations, the Native PRIDE story of rising above must be known and shared. Findings presented here contribute to a larger body of Indigenous literature that underscores the importance of culture, spirituality, and being a good relative (Fleming & Ledogar, 2008).

### **Final Thoughts**

Native PRIDE recognizes that the lessons learned during COVID-19 are gifts of knowledge, grace, perseverance, and patience. These lessons may be useful to other AI/AN community-based projects as they navigate the uncertainty of COVID-19. Communities rise above. Skills, relationships, and knowledge gained during the ICP will sustain elders, youth, and communities as they begin the next journey of their lives, beyond COVID-19, rising above.

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### **CONFLICT OF INTEREST**

The authors declare that they have no conflict of interests.

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