COVID Information Commons (CIC) Research Lightning Talk

<u>Transcript of a Presentation by Taylor Van Doren (Sitka Sound Science Center)</u>, October 4, 2022



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Award CIC Database Profile

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Transcript

Taylor Van Doren:

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Thanks, I was on mute there for a second. Thanks for having me and thanks everyone for signing in. Today, I'm going to be talking about the work that my team and I, well, I'm part of the team - have been doing at the Sitka Sound Science Center, in partnership with a rather large groups. So, we work together with the RAND Corporation and the Central Council of Tlingit and Haida Indian Tribes of Alaska with the funding of an NSF RAPID grant.

And since 2020, this, kind of, group has been collecting survey and interview data to understand the preparation, coping, and resilience of southeast Alaskans before, during, and soon, hopefully, optimistically, after the COVID-19 pandemic. And I'm going to be mostly focusing on the interview data today. But we do have some quantitative survey data that this data - that integrates with for a overall mixed methods program. But the interview data were collected specifically with Southeast Alaska Native peoples - with people who work for and with the Central Council of Tlingit & Haida Indian tribes. And so they are the ones who put in a lot of the work to interview the people of Tlingit and Haida. So we really extend our sincerest thanks to them and their essential roles in this research, and acknowledge that this just would not have been possible without their partnership.

I want to start out by saying something fairly general in terms of the research that has been done that incorporates data about indigenous people worldwide. We know that for other major pandemics in recent history, like the 1918 Flu, most notably, and the 2009 Flu more recently, that indigenous people were found to experience disproportionately severe consequences worldwide. But actually a lot is quite unknown about this because there's really a lack of detailed data that actually - the broader, more general investigations are much more in favor for studying these pandemics. But the really high level research that paints with a very broad brush conflate the experiences of indigenous people with non-Indigenous people. And so this leads to a lack of detailed data - really broad strokes generalizations and not a good understanding of how indigenous people in any part of the world have experienced a pandemic in the last century. And one of the main drivers of our research is to work with the indigenous communities and leaders of Southeast Alaska to better understand their preparation, coping, and resilience through both quantitative and qualitative methods.

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Again, in terms of general statements to kind of help frame this research, I want to say that circumpolar health disparities are often overlooked and homogenized by the high income nations to which those regions belong, mostly. So Alaska belongs to the United States or is part of the United States. Northern Canadian territories are part of Canada, the Nordic countries, for example, all high income nations, etc. And the health inequalities that are experienced in the Arctic are exacerbated by human driven climate change, leading to rapid environmental shifts that require similarly rapid cultural adaptations. It's hit or miss as to how rural communities experience pandemics. Sometimes they totally escape them. But when they get hit with epidemic or pandemic diseases, they tend to suffer disproportionately because access to health care and other resources can become compromised. But we should consider the COVID-19 pandemic to be one such acute stressor that could exacerbate health, social, and economic stresses of rural Arctic populations. Resilience refers to the capacity to cope and adapt in the face of such stressors like a pandemic, or other adversity, and is very flexible when it is culturally grounded. And we should seek to understand the coping and resilience to outside and emergent pressures. Through the ways people come together and lean on historical and traditional knowledge, kin networks and other social relationships.

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So in this research, we wanted to understand how Southeast Alaska Native people prepared for and coped with the COVID-19 pandemic, from the end of 2020 through 2021. And this was a really tumultuous time during the pandemic as vaccines first became widely available in major public health measures like social distancing, mask wearing and vaccination were already highly politicized. Despite this, community driven responses to the pandemic and the hard work of major organizations like the Alaska Native Tribal Health Consortium in Anchorage and the Southeast Alaska Regional Health Consortium, administered vaccines rapidly, even to the most remote communities. And Alaska was the first state in the United States to make COVID vaccines available to every adult over age 16. To learn more about our research questions, we, well, the people working with us from the Central Council

conducted 23 interviews with an Alaska Native individuals across four communities. Sorry - I'm gonna go back real quick, because it shows where on the map these interviews were done, and how many in each locality. So there were five in Sitka, one in Juneau, six in Kake, and 11 in Hoonah. And this is a really rich data source, each interview was a couple hours long. And we have really good representation here from truly rural communities like Kake and Hoonah.

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Using qualitative thematic analyses, we're able to determine four main themes in these interviews that we wanted to discuss further in terms of coping and resilience. So we were able to discuss risk perception, socio-economic, and community impacts, adapting to public health guidelines and mandates, and coping. And since this is a rather short talk, I'm only going to focus on risk perception and adaptation to public health guidelines. But I have a lot more I can say about the other things as well, if you have questions.

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So in terms of risk perception, interviewees expressed that the pandemic caused them to form some new perspectives of their own lives and that they were more aware of their mortality than they ever were before. Most respondents - about 70% - expressed heightened concern for the health and wellbeing of youth, elders, and unhoused individuals in southeast Alaska.

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Some also discussed the historical knowledge passed down about the 1918 Flu. And there were some mixed sentiments about this. Some respondents did not report learning about the 1918 Flu from their elders or from any other source, but others shared that protective behaviors that their grandparents or other family members engaged in 100 years ago - such as burning sulfur in the house to protect it from the invisible threat. And that's often what it was referred to because no one knew what viruses were in 1918 - the study of virology didn't really take off until the 1920s in response to the 1918 Flu pandemic. A couple of interviewees acknowledged that the knowledge that their family and people survived the 1918 Flu gave them the confidence that they could survive another pandemic again. And I also want to acknowledge that the results in this section about the 1918 Flu are likely quite biased because we acknowledge that there's probably some intergenerational trauma associated with recalling an event like the 1918 Flu. So we just want to be mindful of that.

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People also acknowledged contemporary and simultaneous threats when assessing the risk of COVID-19 in their communities and to themselves, such as environmental degradation, climate change, and the collapse of wild salmon runs. And often these very proximate and pressing barriers to wellbeing took precedence in their mind, even more than the pandemic sometimes. And this helps speak to help people perceive relative threats when there is more than one threat to health and wellbeing and sustainability at one time.

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In terms of adapting to public health guidelines and mandates, the general attitudes expressed were that, for the most part, people really did what they were supposed to do. And that behaviors needed to be more about protecting and contributing to the health of the community rather than centering the individual.

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And one way that a lot of respondents - about half of them - discussed this was in their understanding and desire to get vaccinated when those vaccines became available. Vaccination was described as a pivotal adaptation to returning to normalcy and as a means to sustaining their native cultures and values. And during the pandemic, people connected with one another through electronic means but the vaccines allowed them to return to their physical gatherings that were really important for community and relationship building. Across the board in the United States, people are more likely to respond to public health messages positively if it has a message that appeals to the individual rather than the communities. So for example, a public health message about vaccines that tends to work is you should get vaccinated because it will help you stay healthy. Not you should get vaccinated because it will help your community stay healthy. It's really hard to communicate a public health message message to 300 million people that emphasizes protecting other people. But this is the opposite of what we found in these smaller communities, they really emphasize the need to protect each other, and they put the needs of the community over themselves. And so through this adaptation of vaccination uptake, they were able to achieve that.

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So to conclude here, a lot of existing research on pandemic outcomes in indigenous populations or those that have a large indigenous presence led us to believe that the results of this research would be that the pandemic overwhelmed these small world communities, and led to disproportionately negative outcomes, such as high mortality or cultural disruption. And further, the generalizations from these previously existing studies are not made with the involvement of indigenous people, but are rather observed through an outsider's point of view. But the interview evidence in particular that we've collected and analyzed here indicate considerable resilience and adaptive flexibility. And people explained that they relied on their cultural history, identity, and practices to achieve a coherent sense of community. And when assessed on a finer level, boroughs with high Alaskan Native populations were found to mitigate these threats relatively successfully. And we hope that these results encourage and urge other researchers to take better care to assess the finer drivers of pandemic responses in small communities, but also to ensure that the voices of those being studied are heard and are central to the conclusions that are made.

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And with that, I'd like to again give a big thank you to the collaborators and to the National Science Foundation for funding the course of this research.