

SPECIFIC AIMS

The novel coronavirus (COVID-19) has exacerbated health disparities throughout the United States (US) and impacted Indigenous populations in significant ways. Arizona has the third largest population of Indigenous Peoples in the US (over 350,000) and is home to 22 federally recognized sovereign Native nations.¹ Compared with Whites, Indigenous Peoples in Arizona have a significantly higher prevalence of health risk factors that increase their susceptibility to COVID-19. Indigenous Peoples represent approximately 4.6% of the state's population, yet account for 19% of COVID-19 deaths where race and ethnicity of victims is reported.² Despite the substantial challenges faced during COVID-19 and the high rate of infection, Indigenous Peoples and Native nations in Arizona have demonstrated resilience.

This study integrates two key concepts: resilience and Indigenous Determinants of Health (IDOH). Drawing on the cross-cultural work of Ungar,³ resilience will be operationalized as the observable, often measurable, processes identified as helpful to individuals, families, communities and nations to overcome adversity. Given that IDOH research is nascent in the US, our study will be guided by the work of First Nations and Maori scholars.⁴⁻⁶ IDOH recognize that colonialism, racism, marginalization, dislocation and social exclusion crosscut and influence all other social determinants of health (SDOH) for Indigenous Peoples. When the concepts of IDOH and resilience are integrated, achieving health becomes a holistic journey guided by Indigenous cultural values, social practices and ways of knowing and being, including concepts of spirituality, connectedness and reciprocity to the land and all life.

The **long-term goal** of this study is to document elements of Indigenous resilience and mental health and wellbeing that are effectively leveraged in times of adversity, such as the COVID-19 pandemic. The **goal of this Administrative Supplement** is to demonstrate the resilience of Native nations and Indigenous communities in Arizona⁷ and to identify IDOH⁴ invoked during the COVID-19 pandemic. The first phase (Year 1) of the project focuses on mapping key points where IDOH are found in sovereign tribal government policy and action intended to protect Indigenous mental health and wellbeing.⁸ In the second phase (Year 2) mixed methods research will be implemented to understand the impacts on specific groups within our partnering Native nations in the catchment areas of the parent U54 RCMI: The Southwest Health Equity Research Collaborative (SHERC) 1U54MD012388. The Specific Aims are to:

Aim 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. The project will map how and when Indigenous assets are leveraged by tribal leaders to protect community mental health. Content analysis of tribal policy documents, communications, and actions will be examined for intent, direction, leadership (e.g., elected leaders, cultural leaders and/or groups), asset inclusion, and timing. Mapping will continue as the crisis evolves. During this phase, tribal and university IRB approvals will also be obtained and the survey will be developed.

Aim 2: Document the impact of Indigenous determinants of health on Indigenous mental health and wellbeing, and resilience of four specific community groups. The four specific community groups, first responders, educators, recovery community, and traditional healers, will be engaged to understand Indigenous concepts of wellbeing linked to collective mental health and resilience. The project will employ talking circles (n=192), key-informant interviews (n=192), and surveys (n=350) to understand specific instances where IDOH have assisted or challenged the resilience of these specific groups. The survey will employ both quantitative and qualitative measures that describe the size, scope, and context of both assets and issues, resilience strategies, and the role of culture and community as potential assets used by impacted Arizona Indigenous Peoples.

The unique geographical and cultural setting of SHERC, combined with the experience and expertise of this interdisciplinary team of investigators, well-positions the proposed study for success. Achieving the study aims will stimulate additional activity and progress in the area of mental health research by providing preliminary data on the needs, assets, resources, and outcomes of our Native nations and communities during this pandemic, which, in turn, will lead to future SHERC and NIMHD/NIMH supported intervention studies addressing IDOH.