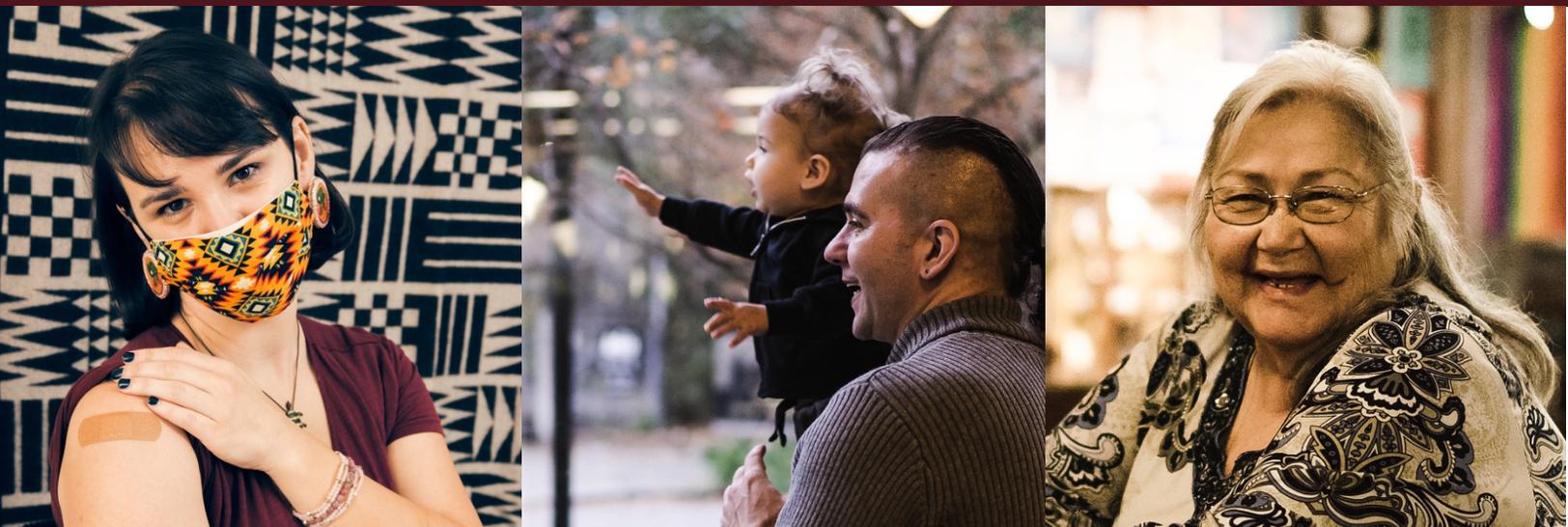


COVID-19 Impact on Urban Indians in Washington State

An Assessment of Washington
Urban Native Direct-Service Organizations

JANUARY 2021



**Urban Indian
Health Institute**
A Division of the Seattle Indian Health Board

Acknowledgements

Funding for this report was provided by the Washington State Department of Commerce from General Fund-Federal (Coronavirus Relief Funds). The contents of this report are solely the responsibility of the authors and do not necessarily represent the views of the State of Washington.

Urban Indian Health Institute would like to thank the organizations that participated in surveys and key informant interviews for this report. Throughout the COVID-19 pandemic, their commitment to the Washington urban Native community has been unyielding.

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Recommended Citation

Dodge, L. Echo-Hawk, A. Urban Indian Health Institute, Seattle Indian Health Board (2021). COVID-19 Impact on Urban Indians in Washington State: An Assessment of Washington Urban Direct-Service Organizations. Seattle, WA: Urban Indian Health Institute.

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EXECUTIVE SUMMARY

Native direct-service organizations serving the urban Indian population in Washington State are essential partners in reaching Indigenous people who are disproportionately at high risk of COVID-19 infection and mortality. These organizations provide a variety of culturally specific health and human services including medical care, behavioral health services, housing assistance, employment training, early childhood education, and cultural programs to urban Native community members. This report provides a snapshot of impacts on, and needs of, urban Native direct-service organizations as a result of the COVID-19 pandemic from information gathered through surveys and key informant interviews.

Key Findings

Recommendations for meeting needs:

SERVICES



Along with meeting higher demand for many services, organizations have added new services to meet the changing needs of their community including COVID-19 testing, food banks, and support for remote learning.

Flexible, unrestricted, and sustainable funding to adapt to rapidly changing needs of the community

VACCINE HESITANCY



Urban Native direct-service organizations expressed there is significant COVID-19 vaccine hesitancy in their communities.

Fund urban Indian organizations to assist in creating, reviewing, and disseminating public health information related to the COVID-19 vaccine

HOUSING



The ending of the state-wide eviction moratorium will have a significant effect on the community the Native direct-service organizations serve and, without additional support, it is predicted to increase homelessness.

Budget of 100 million dollars set aside to ensure American Indian and Alaska Native individuals and families remain housed

Funding for housing assistance programs and staff prior to and after lifting of the moratorium

FUTURE NEEDS



As the organizations adapt to meet community needs, resources need to be flexible because the impact of COVID-19 varies week to week.

Dedicated PPE, specifically hand sanitizer and surgical masks, from state and county partners

Lessen the administrative burden brought on by COVID-19 specific funds

Strategize with the organizations about sustainable funding mechanisms to continue services post-COVID

Include urban Native direct-service organizations in decision-making from the local to state level regarding funding and policies



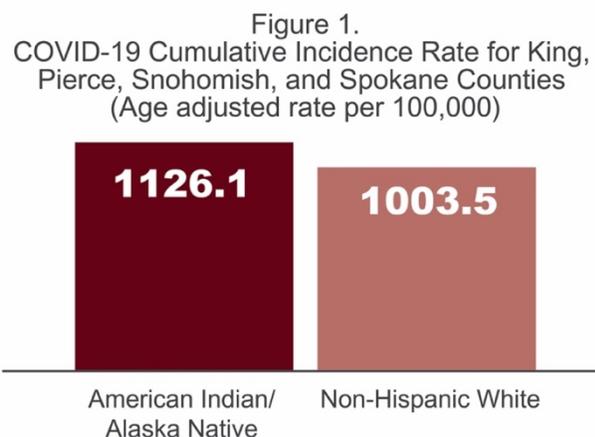
INTRODUCTION

In response to and to better understand the impact of the COVID-19 pandemic, Urban Indian Health Institute (UIHI) conducted an assessment comprised of a survey and key informant interviews of five urban Native direct-service organizations in Washington State. The assessment also sought to assess the future needs of the organizations as the COVID-19 pandemic continues into 2021.

During these unprecedented times, the organizations included in this assessment have continued to provide essential services to ensure their community members are both physically and mentally healthy, sheltered, fed, and continue to have access to K-12 education. This assessment helps demonstrate the need for continued investment in Washington urban Native direct-service organizations both during and after the COVID-19 pandemic.

COVID-19 has had a disproportionate impact on urban Native people. In recent papers published by the Centers for Disease Control and Prevention, Native people were found to be 3.5 times more likely to contract COVID-19 and 1.8 times more likely to die from COVID-19 when compared to non-Hispanic whites.^{1,2} These papers also highlighted a key issue with COVID-19 race and ethnicity data. States simply aren't gathering race and ethnicity data thus making it impossible to know the true impact of COVID-19 in Native communities, both urban and rural—Washington is no exception.

The race and ethnicity data are missing from between 45% and 55% of Washington COVID-19 case reports in the state database. This indicates that the incidence rate in Figure 1 is likely much higher than currently represented, making it impossible for the state and counties to make data-driven decisions on prioritization of the allocation of resources.³ In order to gather a better understanding of the impact of COVID-19 on Native people that is currently missing from the state data, this assessment sought to bring forward the experiences and stories of these organizations.



Organizations

Five Washington State urban Native direct-service organizations participated in the survey and/or key informant interviews.



Seattle Indian Health Board is a community health center that provides health and human services to Native people from King, Pierce, and Snohomish counties. Their services include medical, dental, pharmacy, behavioral health, substance use disorder treatment, traditional medicine, nutrition and WIC, diabetes, gender-based violence, homelessness investments, and Elders programs.



United Indians of All Tribes is a social service provider, community center, and cultural home for Native people in the Puget Sound region that provides services including early childhood education, parent involvement, foster care/ Indian Child Welfare, employment support, homeless prevention, a youth home, doula services, and an Elders program.



Chief Seattle Club is a human services agency and day center dedicated to physically and spiritually supporting Native people in Seattle through providing food, primary healthcare, housing assistance, an urban Indian legal clinic, and a Native art job training program.



American Indian Community Center is a human services agency that provides a variety of services to the Spokane Native community, including employment training, career counseling, education assistance, crisis intervention, family services, food assistance, and substance use disorder treatment.



NATIVE Project is a community health center that provides health and human services to the Spokane Native community including medical, dental, behavioral health, pharmacy, patient care coordination, wellness, and prevention services.

Survey and Key Informant Interview Approach

A mixed-methods approach, including both a survey and key informant interviews, was utilized to assess the impact of COVID-19 and future needs of urban Native direct-service organizations and the community members they serve. There are limited culturally attuned, scientifically tested and validated surveys about the impact of COVID-19, so UIHI developed the survey and key informant interview questions internally. Executive-level staff from each organization was asked to complete the survey.

THE SURVEY INCLUDED BOTH CLOSED- AND OPEN-ENDED QUESTIONS ABOUT:

- The impact of COVID-19 on organization finances, staffing, and services.
- Housing needs for community members during and after the COVID-19 pandemic.
- Future organizational needs (e.g. supplies, funds, training).
- Communications from public health officials about COVID-19.
- The COVID-19 vaccine rollout and hesitancy.
- Community resiliency.

At least one executive- or director-level staff member from four of the organizations participated in key informant interviews, which focused on organizational changes due to the COVID-19 pandemic, organizational and community challenges, needs and resilience, and organizational accomplishments. In all, six key informant interviews were completed. Descriptive statistics were calculated for closed-ended survey questions, and open-ended questions and the key informant interviews were thematically analyzed and summarized.



RESULTS

Demographics

The operating budgets, staff sizes, and number of community members served vary widely between the five organizations:

OPERATING BUDGETS	STAFF SIZES	COMMUNITY MEMBERS SERVED ANNUALLY
\$1M – \$10M+	15 – 100+	1,000 – 10,000

OF THE COMMUNITY MEMBERS THEY SERVE...		
<p>50%+* are below the poverty level</p> <p><small>*Four organizations reported over 50% while one organization reported between 25% – 49%</small></p>	<p>50% – 99% Identify as American Indian or Alaska Native</p>	<p>~50%** experience housing instability</p> <p><small>**Four organizations estimate ~50%, while one organization estimates 75% – 99%</small></p>

Finances

Organizations were asked how COVID-19 has impacted their revenue, operating costs, and expenses. Three organizations reported that their revenue increased somewhat or significantly during the pandemic, while two organizations reported that their revenue decreased significantly. Reasons for revenue increase included COVID-19-specific funds comprised of private donations and government funding, additional private donations and other government funds, and an increase in reimbursements for medical, dental, and/or behavioral health appointments. However, these increases are not expected to be sustainable post-COVID.

RECOMMENDATIONS

One of the organizations that reported a decrease in revenue experienced a loss of \$1.3 million, while the other organization that experienced a decrease reported an estimated loss of \$734,922.76 per month. Revenue loss is attributed to canceled fundraising events, a decrease in private donations, insufficient staff to complete work, shifting to telehealth, and fewer reimbursements for medical, dental, and behavioral health services.

Four organizations reported a somewhat or significant increase in operating costs, while one organization reported no increased operating costs. Increased operating costs were attributed to technology upgrades for remote working and/or online services, facilities upgrades, personal protective equipment, additional staff, and administrative costs of being a CARES Act funding recipient.

Four organizations reported somewhat or significant increase in operating costs

TECHNOLOGY UPGRADES INCLUDE:

- Upgraded systems and bandwidth in spaces that serve Native community members
- Increased server size
- Laptops and other supplies for remote employees
- Smartboards for teleconferencing
- New software for staff collaboration
- Telehealth platform and EHR enhancements
- Phones for social distancing consultation rooms
- Additional IT staff

FACILITIES UPRAGDES INCLUDE:

- Reconfiguration of spaces to comply with social distancing including a patient entryway, preschool, and youth home
- A reconfigured kitchen to serve as a food bank
- Plexiglass dividers in high-traffic areas to protect staff
- Upgraded HVAC systems (e.g. UV air filtration, increased circulation, etc.)
- Keypads with door access badges to minimize touchpoints
- A respiratory isolation wing
- Negative pressure exam rooms
- A remodeled COVID-19 testing area outside of the clinic
- Additional storage for PPE
- Additional parking for patients and staff

None of the four organizations reported having to reduce or eliminate expenses, like nonessential care supplies or IT expenses. Two organizations reported having a financial reserve for weathering a crisis like COVID-19, while the other three organizations did not.

Staffing

Respondents were asked how COVID-19 has impacted staffing and working arrangements at their organization. Generally, organizations reported not having to reduce employee pay or work hours. However, two organizations laid off a total of three employees, one organization furloughed eight employees, and another organization implemented a hiring freeze. Conversely, with increased revenue, one organization hired additional staff for new

programs. Regarding working arrangements, two organizations reported that some staff are working from home indefinitely due to the pandemic, while three organizations reported that their staff work from home on a rotating schedule. **All organizations are either moderately or very concerned about their staff being exposed to COVID-19 while at work.**

Generally, organizations reported not having to reduce employee pay or work hours.

STAFF MORALE

Respondents were also asked to describe how they've kept up staff morale. All four of the organizations have implemented strategies and tools to maintain or improve employee morale throughout the COVID-19 pandemic. These include:

- Frequent check-ins with managers
- Encouragement to join online learning, support, and cultural activities
- Serving community members. One organization responded that "serving community has been the biggest morale booster."
- Rotating work schedules
- Financial incentives (e.g. provider bonuses, hazard pay, and buyout of paid time off)
- Buying lunches for staff
- Videos from executive leadership
- Staff retreats
- High quality PPE
- COVID-19 screening for employees
- Twice-a-week COVID-19 testing for employees
- Robust employee wellness program with incentives

RECOMMENDATIONS

As the COVID-19 pandemic continues into 2021, most of the organizations are concerned about keeping up employee morale. In particular, there are concerns about mitigating staff worries about contracting COVID-19, poor mental health, time for rest and recuperation, maintaining a safe and clean work environment, and keeping remote staff engaged. In addition, organizations are concerned about employees who are struggling with new collaboration technologies such as Zoom.

Services

Demand for Services

In response to the COVID-19 pandemic, the organizations have adjusted their services to ensure safety for both community members and staff. At the same time organizations were adjusting the format of their services, they were continuing to meet the basic needs of their community members, even if those needs were outside of the organization's normal scope of services.

DEMAND FOR A VARIETY OF SERVICES

All five organizations reported an increase in demand for a variety of services since the COVID-19 pandemic began. Multiple organizations noted increased demand for services related to housing and food, such as eviction and homelessness prevention, youth shelter services, food banks, and grocery vouchers. Other services that have experienced increased demand during the pandemic include:

- Home visiting and parenting classes
 - Foster parent support
 - Technology access
 - Childcare and preschool
 - Community advocacy
 - Online cultural activities
 - Nurse triage visits
 - Pharmacy, including prescription refills via mail
 - Telehealth
 - Lab tests
 - Behavioral health services, including mental health services and substance use disorder treatment (however, one organization noted a decrease in demand for substance use disorder treatment)
 - Youth prevention online services
 - Elders day services
-

RECOMMENDATIONS

As the pandemic continues and safety net services such as the state-wide eviction moratorium are ending, organizations are anticipating increased demand for eviction prevention services, utilities assistance, and back to work costs, like clothes.

One organization reported a decrease in demand for substance use disorder treatment, while the other four organizations reported no decrease in demand for services. However, all the organizations reported having to pause services and programs due to safety concerns. In particular, programs that take place in common areas, such as meals, day shelter programs, and cultural programs have been paused. One organization that offers dental services mentioned that aerosolizing procedures were paused for a few months. In addition, community events such as powwows and art markets were also canceled. However, organizations were able to pivot some events to a digital format, such as an online art market and video celebrating Indigenous Peoples' Day.

The Pivot to Online Services

All organizations reported moving some of their services and programs to a telephone or online format including medical services, behavioral health services, substance use disorder treatment, wellness programs, youth programs, and Indian Child Welfare programs such as foster care parent support. There have been challenges with moving programs to telephone and online formats that are frustrating to both staff and community members. In particular, some community members struggle with internet access and bandwidth which can cause Zoom and telehealth calls to drop. Some community members also don't have the hardware or technical skills to use online platforms. The organizations are concerned about community members that have not been able to engage in online services and programs.

Some community members struggle with internet access and bandwidth which can cause Zoom and telehealth calls to drop. Some community members also don't have the hardware or technical skills to use online platforms.

Two organizations that provide reimbursable medical and behavioral health care have had unique challenges with providing telehealth services. There have been unclear and non-standardized billing guidelines causing the clinics to not be reimbursed for some patient visits. Specifically, ensuring that the organizations get the Federally Qualified Health Center encounter rate for medical and behavioral health telehealth visits has been a challenge. There have been additional challenges with integrating telehealth with the electronic health record and use of clinic space for staff to provide telehealth services. The patients have also faced challenges with telehealth including stress and confusion about the costs of telemedicine due to poor communication from insurers. However, beyond the COVID-19 pandemic, some of the organizations hope to continue offering online services and programs like telehealth.

“So because of some policy changes at the state and federal level that loosened up tele-health laws ...we were able to reroute more of our high-risk folks into tele-health... we finally had the investment in the infrastructure to be able to do it.” - Key Informant Interview Respondent

Other New Services

Beyond online services and programs, most of the organizations have added a variety of new services to help meet the needs of their Native community members.

NEW PROGRAMS AND SERVICES INCLUDE:

- Weekly food delivery service
- Traditional medicine
- Digital equity program that provides laptops, tablets, and hotspots to Elders, Native Veterans, and Native families with school-age children
- A flipped preschool program to an outdoor format
- Before and after school care
- Support for remote learning for school-aged kids
- Public health communications campaigns with Native artists
- COVID-19 testing
- Washington Listens, a support program and phone line to help people manage elevated levels of stress due to the pandemic

Housing

Organizations were asked about the impact the eviction moratorium ending will have on their organization and community members they serve. All five of the organizations responded that the eviction moratorium ending will have either a moderate or major effect on the community members they serve. Four organizations estimated that less than half of the community members they serve will be affected by the moratorium ending, while **one organization estimated that a staggering 50-74% of the community members they serve will be affected.** Most of the organizations estimate that it will cost anywhere between \$25–74 million to maintain housing for those affected by the moratorium ending.

“Through our Homeless Prevention Program, we find that we can only help 1 in 15 referrals due to the requirements of that program. Many of these referrals are from families who were leading sustainable lives. They are unfamiliar with trying to navigate the complex set of safety supports provided by the City, County, and State.” - Key Informant Interview Respondent

One organization reported that they have been flexing staff as needed to work in housing assistance. Three other organizations reported that there is the potential for reassigning case managers, care coordinators, nutrition and food staff, gender-based violence staff, and family service staff to work on housing assistance programs once the moratorium ends. There is worry among the organizations that other programs could suffer when staff are reassigned.

All five organizations agreed that the State of Washington should offer rental assistance to ensure Native community members remain housed. Other measures favored by the organizations include extending the eviction moratorium, passing legislation that permanently protects renters from eviction, freezing mortgage payments, offering cash assistance, and supporting existing shelters that currently serve Native community members.

Personal Protective Equipment

All five organizations reported a personal protective equipment (PPE) shortage at one point since the COVID-19 pandemic began. Most of the organizations reported a shortage of surgical masks, hand sanitizer, and cleaning supplies. The organizations that provide direct medical care also reported N95 masks, gown, glove, and face shield/goggle shortages since the pandemic began. Along with the challenge of procuring any PPE at all, the organizations were given expired PPE and items they did not ask for nor need. When PPE was available, none of the organizations reported problems affording it.

All five organizations reported a personal protective equipment (PPE) shortage at one point or another since the COVID-19 pandemic began.

Most of the organizations currently have limited (lasting 1-2 months) or inadequate (lasting less than one month) supply of surgical masks, hand sanitizer, and cleaning supplies. The organizations that provide direct medical care reported having either a limited or adequate (lasting 3 months or more) supply of N95 masks, gowns, gloves, and face shields/goggles. Most of the organizations anticipate a hand sanitizer shortage at their organization in 2021, and two organizations anticipate a surgical mask shortage.

Washington State Response and Communication

Respondents were asked to rate Washington State Department of Health's response and communications regarding the COVID-19 pandemic. Four of the surveyed organizations rated Washington State Department of Health's response to COVID-19 and communications as good or excellent, and one organization rated the response and communications as fair. One organization noted that their staff have had to consult several different department websites to find appropriate resources about COVID-19. They also noted that determining the differences between state and county COVID-19 guidelines has been difficult at times. This organization suggested making sure information is centrally located on the Washington State Department of Health's website.

Future Needs

Organization Needs

Principle among COVID-19-related challenges discussed during the interviews was funding. Throughout the past nine months, there has been unprecedented emergency need for food, shelter, and more in urban Native communities. However, organizations reported that the funds for emergency needs have taken a long time to trickle down to urban Native direct-service programs. In addition, many of these funds are restricted, leaving the organizations, who know their communities best, without a say in how to distribute the funds across their organization. This has left organizations stuck chasing smaller and short-term grants to maintain operating costs. Organizations have also lost revenue from canceled fundraisers and paused revenue-generating activities like art shops. Looking forward there are worries that budget strains at the city and state level may threaten grants and reimbursements that the organizations depend on. There is also concern about urban Native direct-service organizations not being included at decision-making tables, which has policy, service, and funding implications.

"The challenge has really been making sure that urban Native communities are consistently and explicitly included in the COVID relief work ... we have to spend a lot of staff time and advocacy getting to the point where we do have access to those resources." - Key Informant Interview Respondent

Organizations expressed a need for unrestricted funds to address the complex challenges caused by COVID-19. While there has been an increase in COVID-19-specific funds, for which organizations are appreciative, organizations want unrestricted funds to support 1) emerging needs and 2) administrative staff that help programs function. Along with new funding has come burdensome reporting and tight timelines; one organization suggested that easing these burdens and extending timelines would be helpful. In addition, organizations are not allowed to charge their federally

RECOMMENDATIONS

negotiated indirect rate with CARES Act funds which has exacerbated the need for funds to support administrative staff.

The organizations commented that urban Native communities are often overlooked and underfunded. With this, there is a desire for government agencies to fund community-driven solutions rather than top-down solutions that often are not holistic (e.g. taking into account health, housing, food, etc.). To ensure this happens, urban Native direct-service organizations want to be consistently included in conversations around policy and funding.

“But can’t bureaucracies be more holistic? Can we just dream a little bit? ... If the State acknowledged that the way that these services get delivered is through trusted messengers; it’s one set of hands to another. Nonprofits like ours play a key role in that because we’re trusted.” - Key Informant Interview Respondent

SPECIFIC FUNDING NEEDS MENTIONED BY THE ORGANIZATIONS INCLUDE:

- Investing in job/skill training and helping community members find living wage jobs
- Eviction prevention with flexible funds to address interconnected issues like healthcare access and food insecurity
- Flexible funds to pay for staff time related to the COVID-19 vaccine rollout
- Hazard pay for essential workers
- Maintenance funds to renovate and care for property
- Funds to continue important services, like serving meals to the community

Aside from funding, organizations anticipate needing a regular and reliable source of PPE, especially hand sanitizer; a pool of substitutes for overworked caseworkers, early education teachers, and home visitors; innovative ways to support staff who work from home; COVID-19 vaccines; COVID-19 testing and analyzer cartridges; air cleaners (e.g. UV and HEPA air purifiers); and facilities security related to COVID-19 testing.

Community Challenges

Organizations were also asked about challenges community members are facing going into the new year. The respondents have observed that COVID-19 has worsened health and economic disparities experienced by urban Native people.

THE FOLLOWING CHALLENGES FACING COMMUNITY MEMBERS WERE DESCRIBED IN THE INTERVIEWS:

- **Unemployment** is widespread and has been exacerbated by the COVID-19 pandemic. Community members are also experiencing a reduction in wages and work hours.
- **Housing insecurity** is compounded by job loss and the high cost of living in Seattle. There is also concern among the organizations with what will happen after the state-wide eviction moratorium ends, as well as concern for homeless community members during the winter months.
- **Healthcare** concerns for new disabilities and complex health needs for community members who have had COVID-19. Other concerns include trouble accessing healthcare, loss of health insurance, inability to afford prescription medications, and stigma against homelessness in the healthcare system.
- **Food insecurity** is prevalent, especially among elders and community members experiencing homelessness.
- **Remote learning** is difficult for some urban Native students because they don't have reliable internet or an adult to stay home with them. There are also concerns about the cultural inclusivity of remote learning.
- **Loss of access to childcare** has placed a burden on already struggling parents.
- **Mental health difficulties** due to loss of social connectedness.

Community members are also facing violence in their homes; loss of transportation; inability to get hand sanitizer, masks, or cleaning supplies; isolation from others who are important to them; and the loss of loved ones from COVID-19. Organizations will continue to be responsive to community challenges and resulting needs by expanding or creating new services as funding allows.

“We'll continue to see health disparities widen as a result of COVID... it's hard to see how those health disparities are going to change without significant investments from the federal government and state and local governments to honor trust and treaty obligations to American Indian Alaska Native communities. We've gotten a fair amount of supplemental funding to date... it's nowhere near addressing the decades of chronic underfunding that have led to this situation.” - Key Informant Interview Respondent

Vaccine Distribution and Hesitancy

The organizations were asked about their involvement in the rollout of the COVID-19 vaccine, concerns with the rollout, and vaccine hesitancy in their communities. Most of the organizations reported being aware of the Washington State Draft COVID-19 Vaccination Plan, and one organization reported being involved in the development of the plan. Beyond the vaccination plan, three of the organizations reported being contacted by the Washington State Department of Health about vaccine distribution and/or creating, editing, and reviewing COVID-19 vaccine materials. Most of the organizations reported that they'd be willing to provide advice to the Washington State COVID-19 Vaccine Planning and Coordination Team, and, provided organizations are given compensation for their time, all organizations said that they'd be willing to help create, edit, review, and/or distribute COVID-19 vaccine educational materials to Native community members.

Provided organizations are given compensation for their time, all organizations said that they'd be willing to help create, edit, review, and/or distribute COVID-19 vaccine educational materials to Native community members.

Most of the organizations reported having concerns about the rollout of the COVID-19 vaccine in Washington. In particular, the organizations are worried about hesitancy in their communities. Current research on vaccine hesitancy highlights the need to include trusted messengers when disseminating information regarding vaccines. While there are trusted messengers in the Native community, the organizations questioned whether these messengers and spaces have been consulted about the rollout. In addition to concerns about hesitancy, there are also logistical concerns about vaccine quantity, tracking and distribution, and maintaining temperature requirements.

Most organizations ranked Native community-based social service organizations and Urban Indian Health Programs as most effective to communicate the risks and benefits of the COVID-19 vaccine.

When ranking organizations based on their effectiveness to communicate the risks and benefits of the COVID-19 vaccine, most organizations ranked Native community-based social service organizations and Urban Indian Health Programs at the top of the list; tribal clinics and private doctors' office in the middle; and the Washington State Department of Health, local health departments, and the CDC at the bottom of the list.

RECOMMENDATIONS

The organizations reported that the community members they serve are either neutral or excited about access to a safe and effective COVID-19 vaccine. Despite the excitement regarding COVID-19 vaccines, all of the organizations reported that the community members they serve are voicing concerns about the safety risks of the vaccine and distrust of pharmaceutical companies to provide reliable information about vaccine safety. Other top concerns from community members included not trusting public officials to provide reliable information about vaccine safety and revealing personal information to the government in order to get vaccinated.

Resiliency

The organizations surveyed offer a variety of cultural programming, including ceremonial practices, storytelling, gathering and/or serving traditional foods, drumming, smudging, and traditional arts and crafts (e.g. beading and making regalia). While many cultural programs are on hold due to the pandemic, most of the organizations have continued to offer some activities in-person, such as socially distant seasonal feasts for Elders and Veterans and the distribution of traditional medicines to community members. In addition, some activities have pivoted to an online format, such as plant medicine classes. To make this happen, staff have mastered new skills like Zoom and Facetime. One organization mentioned that a doula from their organization spent around 16 hours on Facetime with a community member giving birth in the hospital. Also supporting the cultural and spiritual needs of their community, one organization has helped their community members pay for funerals and transportation to funerals.

“We all miss community and the ability to strengthen our sense of self by engaging in cultural practice[s].” - Key Informant Interview Respondent

Positive coping strategies and strengths have been observed in Native community members and organizations throughout the pandemic. Native-serving organizations have mobilized to share resources and communications. The organizations have worked together to provide services like emergency food access, COVID-19 testing, and housing assistance, and they have also shared PPE and other supplies. Policy wise, they have worked together with other urban Native organizations, commissions, and tribes to advocate for their community members at the county and state level. Community members have also shown resilience by making and donating face masks and creating and selling traditional arts and crafts.

“... I think that when someone is giving to others, they don't feel quite so much pain as before.” - Key Informant Interview Respondent

RECOMMENDATIONS

When discussing resilience of Native people, the organizations described the harm reduction approach they used when making decisions to keep some programs operating. For example, one organization decided to continue an in-person Elders day program because many of their Elders are homeless and have nowhere else to go. Another organization has continued to offer mail and shower services to the homeless community members they serve.



RECOMMENDATIONS

Recommendations:

Despite the challenges introduced by the COVID-19 pandemic, urban Native direct-service organizations have met an increase in demand for services and offered new services to meet the needs of their communities. Organizations have updated their technology and facilities, pivoted to telehealth and online programs, and worked to build resiliency in their staff and community members through cultural programs. Threatening these services, organizations have not had access to PPE at points during the COVID-19 pandemic. To keep both staff and community members safe, organizations must have a regular supply of PPE.

Dedicated supplies of PPE from state and county partners

Unrestricted and flexible funds emerged as a major need moving forward, in addition to ensuring these expanded and new service are sustainable post COVID-19. The organizations expressed COVID-19 relief funds have specific guidelines and a significant administrative burden that has taken a toll on the organizations. To best meet the needs of their communities, urban Native direct-service programs need flexible funds that can be used to holistically address the different challenges that community members are facing, such as food insecurity, housing instability, access to healthcare, and job training. Respondents also emphasized it was key to lessen the administrative burden brought on by COVID-19-specific funds—it will take collaboration with funders to address this issue. One organization suggested that set asides or carve outs could be created for urban Native direct-service organizations.

Flexible, unrestricted, and sustainable funding

RECOMMENDATIONS

As demonstrated in this report, urban Native direct-service organizations know their community members and their needs. Organizations must be recognized as community-based experts and included in conversations about funding to ensure it meets the needs of the communities they serve. This can be achieved through adding urban confer policies alongside tribal consultations at the state, county, and city levels.

Shared Decision-Making Power

All of the organizations that completed the survey offer homeless prevention services and predict that the ending of the eviction moratorium will have a moderate or major effect on the community members they serve. Given the instability that their community members most likely will be facing with the end of the eviction moratorium, the organizations may need to reassign staff to work on housing assistance; this could have a detrimental effect on other programs. The organizations must be adequately funded to hire new housing assistance staff, if necessary, so other important programs do not suffer.

State budget of 100 million dollars set aside

In both the short- and long-term, the organizations favor solutions like further extending the eviction moratorium, rental assistance, and legislation to permanently protect renters.

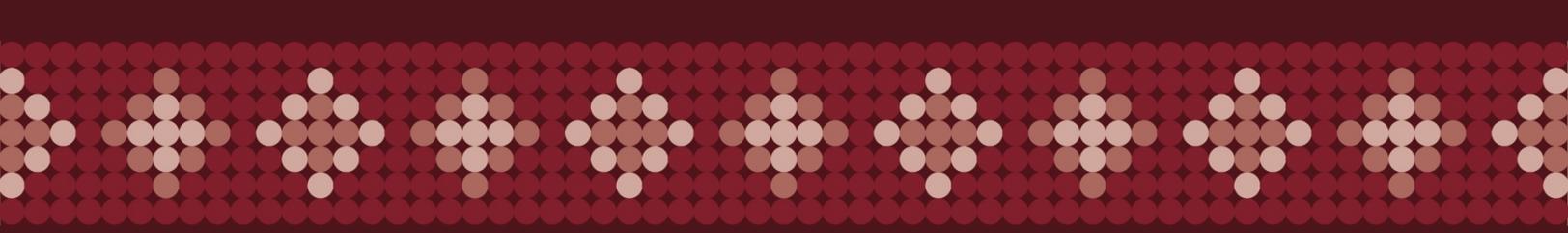
Legislation to protect renters

The organizations described concerns about COVID-19 vaccine hesitancy in the Native community members they serve. For Native communities to trust messaging about the vaccine, urban Native organizations must be involved in its rollout. Urban Native direct-service organizations and Urban Indian Health Programs were rated highest by the organizations for their ability to communicate the risks and benefits of the COVID-19 vaccine with Native people; however, there has been limited outreach by the Washington State Department of Health to these organizations that are willing to provide advice and create, edit, review, and/or distribute educational materials. As the first doses of the COVID-19 vaccine have arrived in Washington, the Washington State Department of Health must act swiftly to ensure these organizations are involved in the rollout.

Fund urban Native direct-service organizations to assist in creating, reviewing, and disseminating public health information related to the COVID-19 vaccine

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**Urban Indian
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A Division of the Seattle Indian Health Board

**Our mission is to decolonize data,
for Indigenous people, by Indigenous people.**
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