

Tailoring Opioid Overdose Prevention Efforts for Diverse Groups within Tribal and Urban Indian Settings

A **Toolkit** for Providers
and Community Organizations
Serving American Indian /
Alaska Native Communities

March
2022



SEVEN DIRECTIONS
A CENTER FOR INDIGENOUS PUBLIC HEALTH

UNIVERSITY *of* WASHINGTON

Acknowledgments

The Seven Directions team acknowledges the Tribal Opioid Technical Advisory Group (OTAG) members' contribution to Tailoring Opioid Overdose Prevention Efforts for Diverse Groups within Tribal and Urban Indian Settings. The OTAG members provided valuable feedback and insightful suggestions via a webinar conference held in June 2021. Special thanks go to Dr. Dennis Donovan, who provided multiple in-depth reviews.

We also thank the Centers for Disease Control and Prevention (CDC) and the National Network of Public Health Institutes for their guidance, as well as expert interviewees and others who provided input.

Expert Interviewees

- Collette Adamsen, Ph.D., Director of the National Resource Center on Native American Aging, Center for Rural Health
- Sean Bear, Co-Director of American Indian/Alaska Native (AIAN) Addiction Technology Transfer Center (ATTC), University of Iowa
- Nathan T. Billy, M.Ed., LPC, Director of Behavioral Health, National Indian Health Board
- Jacque Gray, Ph.D., Principal Investigator of the National Indigenous Elder Justice Initiative, Center for Rural Health
- Kathyleen Tomlin, Ph.D., LPC, LMHC, CADC-III, Cheyenne River Training & Consulting
- Matthew A. Town, M.P.H., Ph.D., Assistant Professor, School of Social Work, Portland State University

2020–2021 Tribal Opioid Technical Advisory Group (OTAG)

- Clinton Alexander, Director of White Earth Tribal Health
- Christina Arredondo, Medical Director of Specialty Behavioral Health, El Rio Community Health Center; Staff, Pascua Yaqui Tribe New Beginnings MAT program
- Sean Bear, Co-Director of AIAN ATTC, University of Iowa
- David Begay, Traditional Healer; Associate Professor, Pharmacy Native Environmental Health Equity, University of New Mexico
- Nathan T. Billy, M.Ed., LPC, Director of Behavioral Health, National Indian Health Board
- Adrian Dominguez, Scientific Director of Urban Indian Health Institute, Seattle Indian Health Board
- Dennis Donovan, Retired Director of Alcohol and Drug Abuse Institute, University of Washington & Professor Emeritus, Department of Psychiatry & Behavioral Sciences, UW School of Medicine
- Kevin English, Director of Albuquerque Area Southwest Tribal Epidemiology Center
- Brenna Greenfield, Assistant Professor, Department of Family Medicine and Bio Behavioral Health, University of Minnesota
- Dawn Lee, Principal of Dawn Lee Consulting
- Sandra L. Momper, Associate Professor, Social Work, University of Michigan
- Anne H. Skinstad, Co-Director of AIAN ATTC, University of Iowa



SEVEN DIRECTIONS

A CENTER FOR INDIGENOUS PUBLIC HEALTH

UNIVERSITY of WASHINGTON

This report was produced by Seven Directions at the University of Washington:

- Danielle Eakins, Ph.D.
- Maya Magarati, Ph.D.
- Katie Hess, M.P.H.
- Leo Egashira, M.B.A.
- Sofia Singer, B.A.
- Myra Parker, Ph.D., J.D., M.P.H.

Suggested Citation:

Eakins, D., Magarati, M., Hess, K., Egashira, L., Singer, S., Parker, M. (Mar. 2022). *Tailoring Opioid Overdose Prevention for Diverse Groups within Tribal and Urban Indian Settings. A Toolkit for Providers and Community Organizations Serving American Indian/Alaska Native Communities.* [7D-Diversity-Toolkit-For-Tribal-Opioid-Prevention-Programs.pdf](#)

This publication is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$800,000 funded by CDC/HHS through a cooperative agreement with the National Network of Public Health Institutes (NNPHI). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, NNPHI, CDC/HHS, or the U.S. Government.

Table of Contents

Executive Summary	6
Overview—Tailoring Content for Diverse Groups	7
How to Use this Toolkit	8
Indigenous Intersectionality	8
Indigenous Intersectionality Diagram	9
Questions to Consider	10
Information Gathering Summary	12
Tailored and Inclusive Programming and Resources	14
American Indian/Alaska Native Veterans	15
Background Information	15
Screening, Prevention and Treatment Considerations	18
Data Collection Considerations and Data Infrastructure Needs	19
Resiliency Factors for AIAN Veterans may Include	19
Expert Insight	20
Resources (Website Links and Leading Organizations)	20
Crosswalk of Approaches for Supporting Native Veterans	21
American Indian/Alaska Native Elders and Elderly	27
Background Information	27
Screening, Prevention and Treatment Considerations	29
Data Collection Considerations and Data Infrastructure Needs	30
Resiliency Factors for AIAN Elders / Elderly may Include	30
Expert Insight	31
Resources (Website Links and Leading Organizations)	32
Crosswalk of Approaches for Supporting Native Elders	32
American Indian/Alaska Native Youth and Young Adults	41
Background Information	41
Screening, Prevention and Treatment Considerations	43
Data Collection Considerations and Data Infrastructure Needs	44
Resiliency Factors for AIAN Youth and Young Adults may Include	44
Expert Insight	45
Resources (Website Links and Leading Organizations)	45
Crosswalk of Approaches for Supporting Native Youth	46
American Indian / Alaska Native Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit Community Members (LGBTQ2S+)	53
Background Information	53
Screening, Prevention and Treatment Considerations	54
Data Collection Considerations and Data Infrastructure Needs	55
Resiliency Factors for AIAN LGBTQ2S+ may Include	55
Expert Insight	57
Resources (Website Links and Leading Organizations)	57
Crosswalk of Approaches for Supporting Native LGBTQ2S+ Communities	58

Table of Contents (continued)

Ways to Reduce Stigma and Build Inclusivity	65
Motivational Interviewing	66
Information for Family, Friends and Caregivers	69
Resources for Family, Friends and Caregivers	71
Future Directions	73
Appendix	75
Key Informant Interview Questions	75





Executive Summary

Tribal opioid overdose prevention efforts have led to several promising practices. A literature review and expert interviews have revealed that Opioid Use Disorder (OUD) knowledge and treatment gaps persist among American Indian / Alaska Native (AIAN) veterans, elders, youth, and LGBTQ and Two-Spirit (LGBTQ2S+) communities. These gaps include:

- limited data on opioid usage and available services tailored to these groups,
- missing / misclassified personal data in medical records, state, and national databases,
- need to address the root causes of opioid prescription overuse,
- inadequate evaluation of promising practices and culturally tailored interventions,
- lack of specificity regarding culturally grounded work and programming, and
- no available longitudinal studies on harm reduction interventions.

To address these gaps, this report identifies resiliency factors for each community that should be incorporated into OUD prevention programs to best support these communities. These resiliency factors include:

AIAN veterans

- strong pride and identification as a veteran,
- impactful peer support networks and programming, and
- access to Veterans Benefits Administration / Veterans Health Administration services.

AIAN elders and elderly

- wisdom and leadership roles in the community that promote increased mental and physical health and general wellbeing, and
- creative solutions to safely connect elders to social support during the COVID-19 pandemic.

AIAN youth

- Connections with elders, cultural teachings, and cultural strengths,
- engagement in their communities, and
- technologically savvy, connections through the web and social media methods.

AIAN LGBTQ2S+

- AIAN community acceptance (in some, but not all communities),
- sharing of ancestral histories and participation in ceremony, and
- high reach and impact of positive social media groups.

This toolkit provides a starting point for healthcare providers and tribal and urban Indian community providers to improve the access to and quality of care for these diverse community members who have important needs and face an array of challenges due to discrimination, stigma, and contextual issues.



Overview—Tailoring Content for Diverse Groups

The purpose of this toolkit is to add to the compendium of tribal and urban Indian opioid overdose prevention summaries provided in [An Environmental Scan of Tribal Opioid Overdose Prevention Responses \(2019\)](#) and [Models of Tribal Promising Practices \(2020\)](#) by describing specific approaches to working with diverse groups within tribal and urban Indian communities. Seven Directions, in partnership with the National Network of Public Health Institutes and the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC), aims to support tribes and urban Indian organizations with tailored and inclusive opioid overdose prevention programming resources for diverse AIAN groups. This toolkit provides tailored resources for supporting tribal and urban Indian community members who also are members of **LGBTQ2S+ communities, youth, elders, and / or veterans**. We note that tribal and urban Indian community members may fall within one or more of these diverse groups.

The complex and unique issues experienced by those who are members of these groups underscore the need for public health practitioners and providers to be mindful of the diversity within tribal communities as they plan and implement opioid overdose prevention programs.

Traditional support services might not meet the needs of these groups and, particularly for those whose additional identities intersect, finding support services that feel inclusive may be challenging. Many members of these diverse groups may feel unheard, unacknowledged, or face stigma and stereotypes due to their identities. The purpose of this toolkit is to make available inclusive tailored resources, highlight possible gaps and needs, and to illuminate additional approaches to strengthen inclusive programming for tribal opioid prevention work. Those who will benefit from this work include clients, caregivers, providers, and funders within the tribal care coordination system.

How to Use this Toolkit

This toolkit reviews AIAN **LGBTQ2S+ communities, youth, elders, and veterans'** needs for opioid overdose prevention via literature review, interviews, and available tailored resources. We recognize that it is not an exhaustive capture of all diverse groups or all nuances within the highlighted groups. We hope to provide helpful information and approaches for providers and organizations to consider when engaging in screening, assessment, treatment, recovery, and prevention efforts. The [Models of Tribal Promising Practices \(2020\)](#) report identified data opportunities as one of the ten tribal promising practices. Therefore, we also review data collection considerations and data infrastructure needs in order to inform best practices and funding opportunities. Additionally, family, friends, and caregivers' need for self-care and effective interactions when supporting opioid overdose prevention efforts are highlighted. Finally, resiliency factors within these four diverse groups are highlighted, while also exploring gaps and future needs.

Indigenous Intersectionality

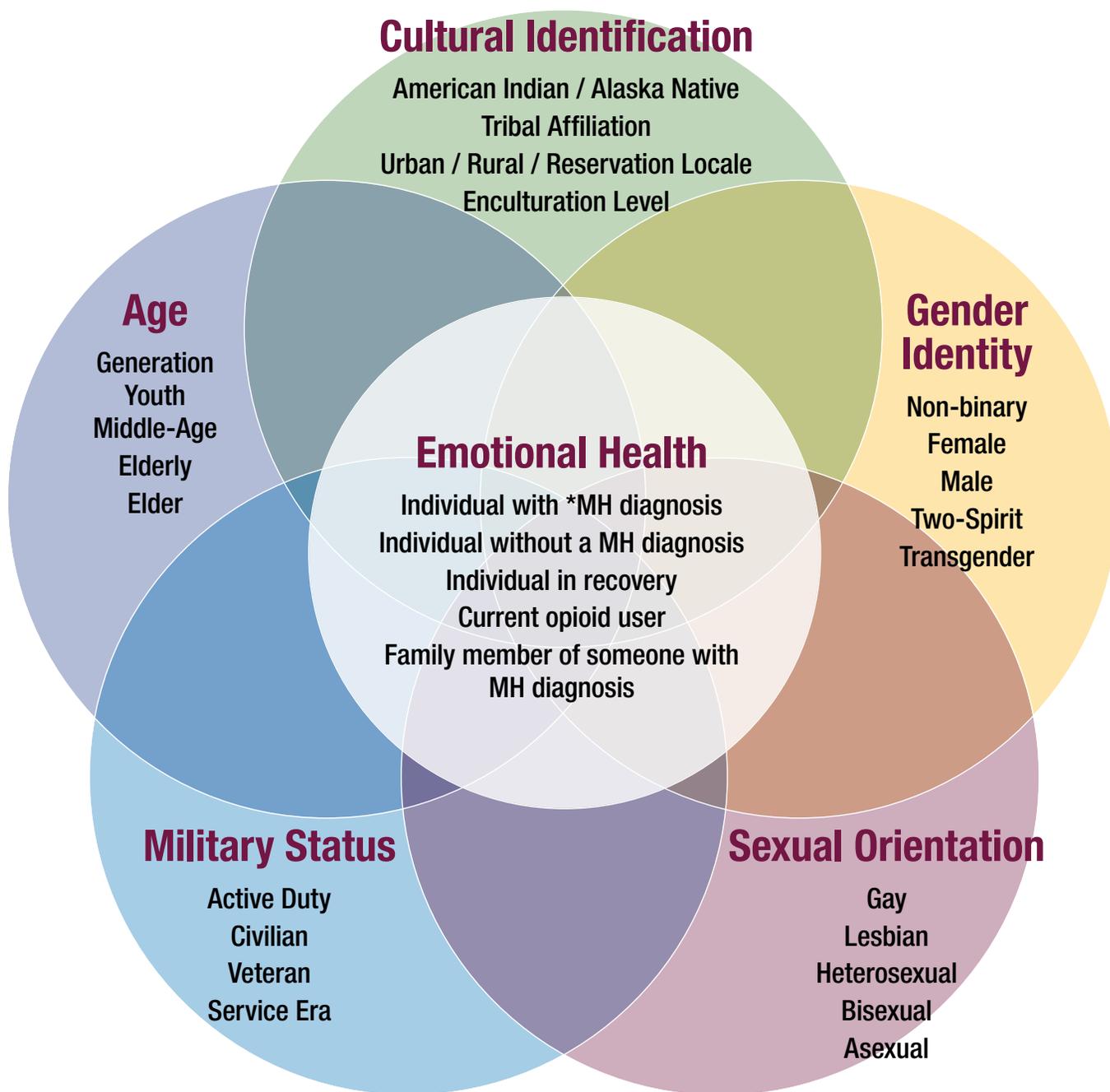
Lawyer and professor, Kimberlé Williams Crenshaw conceptualized the term “intersectionality” in 1989 to refer to the idea that overlapping social identities intersect to create a comprehensive whole that is different from each individual identity. These identities (e.g., gender, race, social class, ethnicity, nationality, sexual orientation, religion, age, disability status, mental illness, etc.) also inform individual experiences of oppression and discrimination that affect health.¹

overlapping social identities intersect to create a comprehensive whole that is different from each individual identity

When conceptualizing an Indigenous approach to intersectionality, it is important to consider systems of oppression, discrimination, and colonialism and their impact on health and well-being in Indian Country. Indigenous worldviews recognize the strengths in diversity and difference that Indigenous intersectionality offers.² Indigenous knowledge systems view beings and natural elements as interconnected and interdependent, and many tribes' traditional views venerate and honor LGBTQ2S+ community members,^{3,4} veterans,⁵ elders,⁶ and youth.^{7,8,9} This worldview presents a unique foundation for understanding individuals and experiences as multidimensional, constantly changing, and intersectional.¹⁰

The following diagram maps out how an individual may have many identities that inform their perceptions of themselves, their roles and responsibilities, and the world around them, which in turn inform behaviors. Readers may consider this diagram in terms of their own identities as well as the identities of individuals they serve.

Indigenous Intersectionality Diagram



*MH (Mental Health)

The identity factors highlighted above are those examined in depth in the current brief. This is not an exhaustive display of all potential identities.

Questions to Consider

We encourage providers and organizations to reflect on the following questions from the perspective of your work as an individual provider, your organizational role, and as part of a system of care.

Individual

How do you identify as an individual and a service provider?

How do your diversity factors impact the lens with which you see others and how they might view you?

What knowledge, assumptions or biases might you have when working with individuals or groups?

Are there populations you feel comfortable and skilled working with? Are there populations you feel less comfortable or knowledgeable about?

If you believe you need further expertise in certain diversity areas, do you have colleagues to ask, resources to seek, or referrals to provide?

Organization

What is your organization's stance on diversity and inclusion?

Do they consider all diversity factors? Do they provide specialty services for certain groups?

If your organization advertises specialty services, what do those services look like in action?

Is your organization welcoming to diverse groups of people (e.g., posters denoting inclusivity, resource information listed, mission statement that speaks to importance of diversity?)

What training does your organization provide for diversity? Are trainings available for all staff (e.g., front desk staff, medical providers, peer support individuals?)

Does your organization have an advisory board or solicit feedback about diversity services provided?

System & Community

Where does your organization and the individuals that comprise the organization fit in your community? How about in the healthcare system broadly?

Are you known as an American Indian / Alaska Native serving institution? How might that impact how other organizations interact with you? How might that impact funding availability?

What are the strengths inherent in the work you provide on a local, tribal, and national level?

Where is there room for increased advocacy for your organization and the groups of people you serve?

REFERENCES ///////////////

- 1 Crenshaw, K. (1989). "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989(1), Article 8.
<https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf>
- 2 Elm, J., Lewis, J., Walters, K., & Self, J. (2016). "I'm in this world for a reason": Resilience and recovery among American Indian and Alaska Native two-spirit women. *Journal of Lesbian Studies*, 20(3-4), 352-371.
- 3 Sheppard, M., & Mayo, J. (2013). The Social Construction of Gender and Sexuality: Learning from Two Spirit Traditions. *The Social Studies*, 104(6), 259-270.
- 4 Walters, K., Evans-Campbell, T., Simoni, J., Ronquillo, T., & Bhuyan, R. (2006). "My Spirit in My Heart". *Journal of Lesbian Studies*, 10(1-2), 125-149.
- 5 American Families Learning Network. (2021, August 31). American Indian Veterans in Transition: Honoring Family, Land, Culture & People. <https://oneop.org/podcast/american-indian-veterans-in-transition-honoring-family-land-culture-people/>
- 6 Kahn, C., Reinschmidt, K., Teufel-Shone, N., Ore, C., Henson, M., & Attakai, A. (2016). American Indian Elders' Resilience: Sources of Strength for Building a Healthy Future for Youth. *American Indian and Alaska Native Mental Health Research*, 23(3), 117-133.
- 7 Killsback, L. (2019). A nation of families: Traditional indigenous kinship, the foundation for Cheyenne sovereignty. *AlterNative : An International Journal of Indigenous Peoples*, 15(1), 34-43.
- 8 LaFromboise, T., & Low, K. (1989). American Indian and Alaska Native children and adolescents. In: Gibb J, Huang L, editors. *Children of Color: Psychological Interventions with Minority Youth*. Jossey-Bass Publishers; San Francisco, CA. pp. 114-147.
- 9 Sarche, M., Croy, C., Crow, C., Mitchell, C., & Spicer, P. (2009). Maternal correlates of 2-year-old American Indian children's social-emotional development in a Northern Plains tribe. *Infant Mental Health Journal*, 30(4), 321-340.
- 10 Stinson, J. (2018). How does Intersectionality Relate to Indigenous and Western Linking Frameworks? Canadian Research Institute for the Advancement of Women.
<https://www.criaw-icref.ca/images/userfiles/files/Fact%20Sheet%203%20EN%20FINAL.pdf>



Information Gathering Summary

A comprehensive approach to information gathering was completed to identify AIAN LGBTQ2S+ communities, youth, elders, and veterans' needs for opioid overdose prevention. Information was collected from the following sources for this toolkit: (1) expert interviews; (2) Seven Directions' 12-member Opioid Technical Advisory Group (OTAG); and (3) review of existing peer reviewed literature, grey literature, and web-based publicly available information.

Expert interviews and OTAG meetings were conducted in Summer / Fall of 2021 and included qualitative responses to guided questions as well as open discussion (please see Appendix for interview questions). Expert interviewees and OTAG members are community members, community leaders, providers, researchers, and academics with lived experience, advanced learning, and extensive provision of services. The "Acknowledgments" section and the "Tailored and Inclusive Programming / Resources" sections provide detailed information about participants and the insights they shared.

While sources are cited throughout this toolkit, it is important to provide a summary of the examination of existing peer reviewed literature, grey literature, and web-based publicly available information. Prior work by Seven Directions focused on summative overviews of the scope of the opioid epidemic in Indian Country as well as promising best practices of care (["An Environmental Scan of Tribal Overdose Prevention Responses: Community Based Strategies & Public Health Data Infrastructure,"](#) 2019, and ["Model of Tribal Promising Practices: Tribal Opioid Overdose Prevention Care Coordination & Data Systems,"](#) 2020.) The scope of literature review for this toolkit was narrowed to include opioid overdose considerations for AIAN LGBTQ2S+ communities, youth, elders, and veterans. PsychInfo, PubMed, GoogleScholar, Google and social media search terms included combinations of the following: "Native American," "American Indian," "Alaska Native," "Indigenous" and "opioid," "opiate," "drug," "substance use," "addiction" and "LGBT," "Two-Spirit," "youth," "elderly," and "veteran."

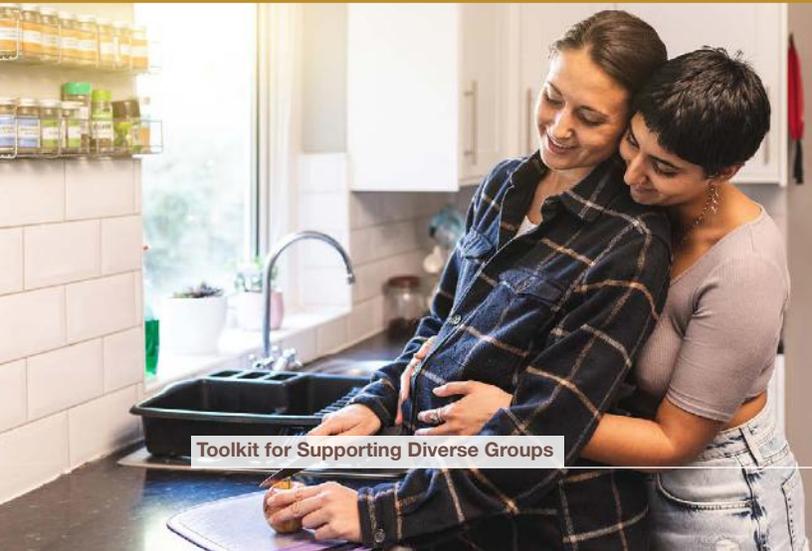
Grey literature and web-based publicly available information revealed creative and targeted approaches to service provision for diverse AIAN groups in the form of advocacy from leading community organizations, manuals for specialty programming, and social media outreach. These results are embedded throughout the toolkit. However, when investigating multiple intersecting identities and needs (e.g., “opioid” and “American Indian” and “elderly”) in peer reviewed literature, results ranged from zero to ten corresponding articles. Many of these articles address AIAN substance use prevalence broadly as well as disparities in overdose, medical and mental health comorbidities, and access to care in comparison to other racial groups. These articles also give general treatment recommendations for AIAN

populations including prioritizing prevention via education, encouraging culturally adapted care, having awareness of substance co-use, de-stigmatizing medications for opioid use disorder, and providing wrap-around services targeting basic needs (e.g., housing, food stability). Very few scientific articles move beyond problem summary and general recommendations to provide in-depth review of culturally grounded care for AIAN individuals at-risk for or experiencing problematic substance use. In conclusion, while these scientific articles are cited throughout the toolkit, there is a glaring need for peer reviewed literature that addresses nuanced approaches to opioid overdose prevention and intervention for diverse AIAN groups.





Tailored and Inclusive Programming and Resources





American Indian / Alaska Native Veterans

Background Information

A military veteran is a person who served in the active military, naval, or air service and has since been discharged from duty. Service branches include the United States Army, Navy, Marine Corps, Air Force, Coast Guard, and National Guard, as well as commissioned officers in the Public Health Service and the National Oceanic and Atmospheric or Environmental Science Services Administrations.¹¹ As of 2018, the National Center for Veterans Analysis and Statistics recorded approximately 140,000 veterans identifying as American Indian / Alaska Native only.¹² This is likely an underestimate based on individuals identifying as AIAN and another race. Despite potential underestimates, in comparison to other racial groups, AIAN often have a higher per capita involvement of service in the U.S. military.^{13,14,15} For example, since September 11, 2001, approximately 19% of AIAN individuals have served in the military, in comparison to an average of 14% for other racial groups.¹⁶

“ [Stereotypes from the pre-reservation era were] that Natives had natural instincts and were fierce warriors ... these beliefs and practices went on well into Vietnam [and other US wars], and Natives were placed in the most dangerous duties.”

— Sean Bear, AIAN Addiction Technology Transfer Center



In addition to large voluntary enlistment numbers, AIAN auxiliary troops and scouts historically represented the first allied encounters with white colonists.¹⁷ Colonists recruited AIAN allies during the Pequot War (1634–1638), the Revolutionary War (1775–1783) and the War of 1812. In 1866, a bill was passed in Congress to establish the Indian Scouting Services, which authorized the recruitment of AIAN scouts as employees and enlisted soldiers. AIAN scouts fought on both sides during the American Civil War and became regarded as fast-moving, knowledgeable trackers. In World War II, AIAN “code talkers” were integral in creating and communicating top secret messages using their native languages. Additionally, more than 42,000 AIAN served in the military during the Vietnam Era and over 90% were volunteer enlistees.¹⁸

“ When you leave for the military, in a sense you’re leaving your family behind. But when you leave the military, you’re also leaving your family behind. That has become your family, and a lot of times you will miss them throughout your whole life.”

— Sean Bear, AIAN Addiction Technology Transfer Center

“ [All the] trauma that a person has in their lifetime needs to be taken like it’s compounded. So, you have your lifetime trauma, historical trauma, PTSD and ... we need to be able to look at that better.”

— Sean Bear, AIAN Addiction Technology Transfer Center

Indigenous peoples’ allied involvement with colonists and the United States military reveals a complex relational history. D.J. Vanas, military veteran and member of the Odawa Nation stated, “People ask, ‘Why serve in the military when this government has done so much to our people to hurt our culture?’ But we’ve always looked at the bigger picture. This is our home, it always has been and always will be, and we sign up to defend that.”¹⁹ Likewise, communities across Indian Country often revere service members, including inviting veterans to open powwows and holding ceremonies to honor them. The meaning and evolution of warrior tradition and warrior culture illuminates some of the aforementioned complexities. Serving community, protecting homeland, and guarding culture are important values that can drive military contributions.²⁰ The U.S. military has demonstrated a legacy of both prizing and leveraging these values, resulting in AIAN service members being disproportionately placed in the most dangerous combat positions throughout many war eras.²¹ Correspondingly, statistics reveal that AIAN veterans are more likely to have a service-connected disability, lower personal income, higher unemployment, and lack health insurance in comparison to veterans of other races.²²

“ [Focusing on peer recovery programs,] strengths, [including the] sense of family, [are] very, very important. The normalization of their trauma from war [is] very important. I [often] facilitate peer-to-peer interactions, [which is] very healing [and supports] normalizing – telling the story versus feeling the story all the time. I [also] worked with their family members and young people and it was the young people that were having troubles with substance use and mental health issues, so I was working with the whole family. [Y]ou have to provide a door that opens up for the family to come in and share with you.”

— Kathleen Tomlin, Cheyenne River Training & Consulting

Providers working with AIAN veterans should consider this historical context along with the suggestions provided a to address risk factors while also supporting the cultural and contextual strengths, values, and reasons for military involvement.

Screening, Prevention and Treatment, Considerations

AIAN veterans may be at higher risk for opioid use and overdose based on comorbid risk factors. Providers can consider the following factors when engaging in screening, assessment, and treatment.

- In comparison to veterans of other races, AIAN veterans are more likely to have a service-connected disability, lack health insurance, be unemployed and have lower personal income. They are also less likely to use Veterans Benefits Administration benefits.²³ Providers should screen for these social determinants of health, discuss barriers to pursuing Veterans Benefits Administration and Veterans Health Administration care, and provide alternative resource options.
- Military experience varies widely based on service era, branch, military occupation, military leadership, and tours of duty / deployment. Follow this [link](#) to review potential veteran health issues related to service history. Providers should inquire about experiences and exposure utilizing open-ended, non-assumptive questions (See “[Ways to Reduce Stigma and Build Inclusivity](#)” section below).
- AIAN veterans are at increased risk for complex trauma (historical trauma, military combat trauma, military sexual trauma, discrimination in the military), occupational hazards / exposure (traumatic brain injury, chronic pain, chemicals, radiation, air pollutants, warfare agents), displacement (geographic, cultural, houselessness) and mental health concerns (post-traumatic stress disorder [PTSD], depression, insomnia, substance use disorders).^{24,25,26,27}
- Department of Veterans Affairs (VA) data revealed that AIAN veterans with chronic pain and PTSD were more likely to be prescribed polysedatives (most commonly an opioid and a benzodiazepine) and that prescription rates had increased over time. The VA recommends non-pharmacologic interventions due to contraindications of polysedative use on mental health symptoms and risk for overdose.²⁸
- While veterans are less likely to be incarcerated than non-veterans, veterans who experience substance use disorders are at higher risk for involvement with the justice system. Veterans treatment courts²⁹ are dedicated to providing rehabilitation and wrap-around care to serve veterans involved in the justice system due to mental health disorders, trauma, and substance use. Research suggests that veterans participating in veterans treatment courts (now 335 nationwide), show improvements with depression, PTSD, substance use, housing, non-recidivism, and overall functioning and well-being.³⁰
- Transitioning from active duty to civilian life can be a difficult re-adjustment period for the veteran and their family members. Providers can offer and ask about needed resources for veterans and their families, especially during active duty to civilian life transition.³¹
- Additionally, providers should consider traditional healing practices and beliefs when treating AIAN veterans. Historically, in many tribal communities, AIAN warriors would undergo ceremonies before battle to protect from trauma and after to promote healing and safe reintegration to the Tribal community.^{32,33}



Data Collection Considerations and Data Infrastructure Needs

- AIAN veterans appear to have an increased presence in the scientific literature in comparison to other diverse AIAN groups. This is likely due to more data being collected by the military and subsequent service care utilization at federal institutions.
- Data collection efforts for AIAN veterans should take care to address racial misclassification, include female AIAN veterans, and examine health indicators utilizing HIPAA compliant principles, data sovereignty considerations, and institutional review board processes.

Resiliency Factors for AIAN Veterans may Include:

- Strong pride and identification as a veteran
- Impactful peer support networks and programming
- Increased access to services from the Veterans Benefits Administration and Veterans Health Administration (however access does not always equal utilization or culturally competent care)

Expert Insight



Sean Bear (Meskwaki), is *Co-Director at the National American Indian and Alaska Native Addiction Technology Transfer Center (AIAN ATTC)*. Mr. Bear has worked with Native Americans with substance use issues for many years. He received his third honorable discharge from the Army after over nine years of service and served with the 82nd Airborne Division. He received his BA in psychology and human services from Buena Vista University and studied mental health counseling at Drake University for two years. His passion is to assist people in overcoming the many obstacles within life and themselves, and to return to the spiritual ways of their ancestors.



Kathyleen Tomlin, Ph.D., LPC, LMHC, CADC-III, has been in the addictions and mental health treatment and prevention field as a counselor, administrator, educator, and consultant since 1974. Now semi-retired, Dr. Tomlin is committed to sharing her experiences and knowledge within Native American communities. Her career has focused on the development of supervision and training practices to support the professional development of evidenced based practices. One of those best practices is the teaching, and supervision of Motivational Interviewing. She is a member of the Cheyenne River Sioux Tribe, where her mother was raised. On her father's side, she is Irish American from county Mayo in Ireland. Her family has many roots in the NW, with relatives from the southern Willamette Valley to Seattle.

Resources (Website Links and Leading Organizations)

- [Native American/Alaska Native Veterans: Keys to Understanding Unique Challenges and Strengths of American Indian, Alaska Native Clients Whom suffer from PTSD](#)
- [Honoring Native Elder Veterans — National Resource Center on Native American Aging](#)
- [PBS Special | The Warrior Tradition](#)
- [National Congress of American Indians — Veterans Mission](#)
- [Native American Veterans Association](#)
- [U.S. Department of Veterans Affairs](#)

Crosswalk of Approaches for Supporting Native Veterans

This crosswalk provides specific guidelines and suggestions on how to best support Veterans within AIAN communities. The crosswalk outlines common issues that members of this group may face and how providers can be responsive to address them in meaningful ways. The crosswalk includes considerations regarding communication, planning and implementation approaches for providers, and suggestions for evaluation with regard to access to services, connections to community resources, and ways to follow-up to ensure any issues are addressed.

Veterans face complex health and behavioral health concerns, oftentimes service-related, along with challenges accessing care due to the complexities of bureaucratic requirements needed to access Indian Health Service (IHS) and Veterans Administration (VA) care. In 2020, Congress passed three laws to support AIAN veterans' access to care. These laws established the IHS as the payor of last resort and eliminated the co-pay for VA services to improve AIAN access to care. Congress also established an AIAN veterans health commission, to ensure tribal leaders and AIAN veteran health experts have input into the provision of care for AIAN veterans. In addition, as outlined in the present report, AIAN veterans may be at heightened risk for opioid misuse due to pain related to military service and / or mental health and substance abuse issues. Important factors to be mindful of in the provision of services to AIAN veterans include:

- Geographic distance to care may present a barrier for veterans
- Unresponsiveness of VA staff may reduce veterans' ability to navigate administrative requirements and obtain access to care
- Veterans can benefit from a tribally- or community-based care navigator or advocate who can provide support aimed at improving health care access
- Weaving in cultural, familial, and peer supports can strengthen the holistic approach to veterans' services that is most effective for AIAN veterans
- Telehealth offers an important tool to ensure veteran access to care

See in particular:

Goss, C., Richardson, W., Dailey, N., Bair, B., Nagamoto, H., Manson, S., & Shore, J. (2017). Rural American Indian and Alaska Native Veterans' Telemental Health: A Model of Culturally Centered Care. *Psychological Services, 14*(3), 270–278.

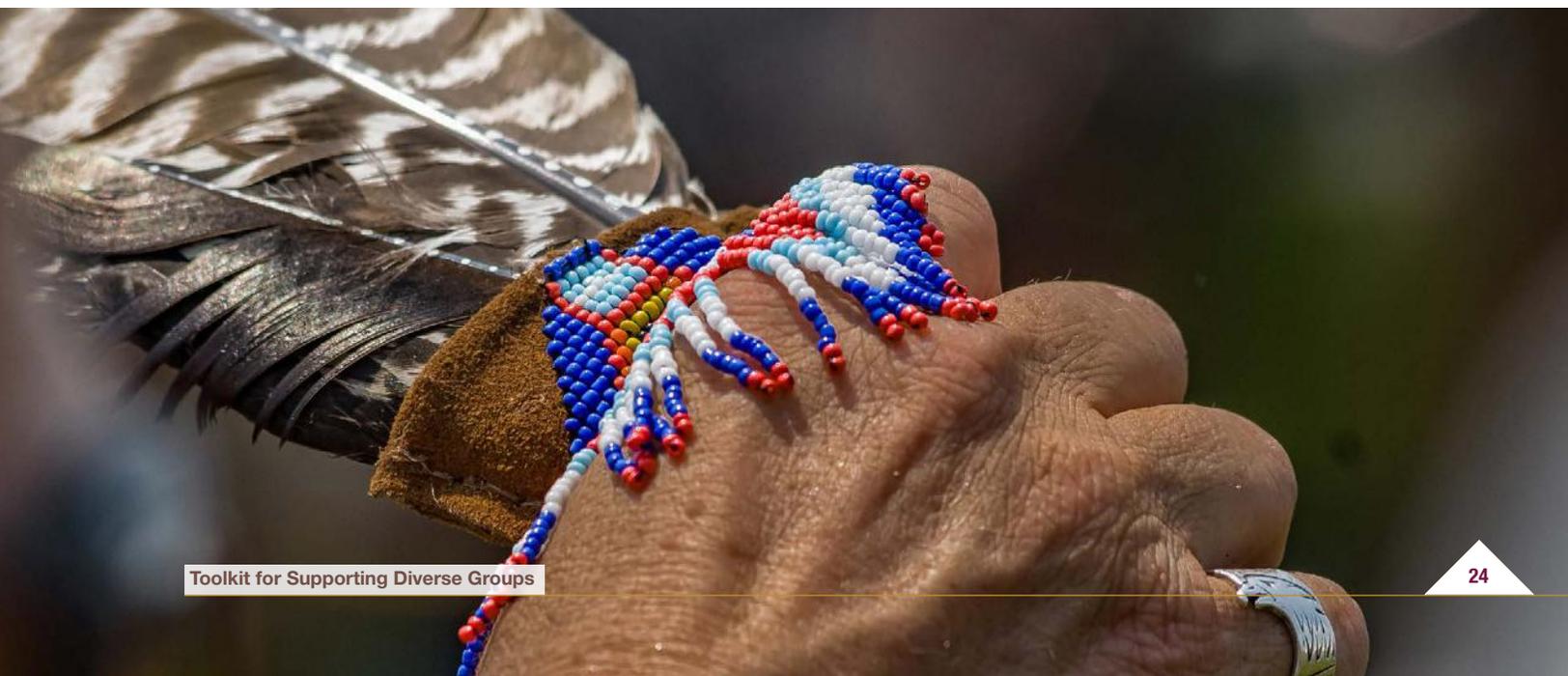
Ward, C., Cope, M., & Elmont, L. (2017). Native American Vietnam-era Veterans' Access to VA Healthcare: Vulnerability and Resilience in Two Montana Reservation Communities. *Journal of Community Health, 42*(5), 887–893.

	Ways to Improve Access to Services for Veterans	Opportunities for Provider Support to Address Common Challenges Facing Veterans	Strategies for Providers to Connect Veterans to Community Resources	Provider Follow-up to Ensure Veterans Issues are Addressed
<p>Common Issues and Practices to Ensure Inclusiveness of Veterans</p>	<ul style="list-style-type: none"> • Be aware that veterans may have experienced specific types of trauma exposure (past and present, war / conflict-related) and be prepared to address these issues in treatment. • Seek and provide training for providers and administrators to ensure veteran needs are met. • Ensure interpersonal conflict resolution skillsets are strengthened as veterans experiencing PTSD and substance use issues may be more likely to require specific approaches to address stress, anger, and emotional overload. • Identify concrete approaches to build veteran trust, as discrimination and limited supports after leaving the service may contribute to veterans' lack of help seeking. 	<ul style="list-style-type: none"> • Seek and provide education and training for departmental service providers to address challenges veterans may have in relation to opioid misuse / treatment / overdose. • Connect with Community Health Educators, Veteran Health Navigators, or other providers trained in addressing issues salient for veterans. • Develop and provide information on resources specific for diverse veterans. 	<ul style="list-style-type: none"> • Develop and disseminate handouts with contact information that veterans can use immediately (wallet cards, magnets with toll free resource numbers, websites, etc.). • Identify and implement strategies for needs (scheduling around work and other appointments, etc.). • Develop and disseminate information on multisector partnerships (e.g., employment, legal, housing, health / mental health systems) to ensure comprehensive support and shared policies and approach. • Develop and provide intensive case management in the form of tribally-based veterans navigators or advocates to ensure access to care. 	<ul style="list-style-type: none"> • Develop, manage, and utilize a robust data system to confirm needs are met (including, but not limited to, referrals to other programs, treatments, or services, patient satisfaction, patient follow-up on medications, etc.). • Provide peer support or other acceptable method of follow-up to assess whether needs are met.

	Ways to Improve Access to Services for Veterans	Opportunities for Provider Support to Address Common Challenges Facing Veterans	Strategies for Providers to Connect Veterans to Community Resources	Provider Follow-up to Ensure Veterans Issues are Addressed
Communication Considerations for Providers to Ensure Meaningful Services for AIAN Veterans	<ul style="list-style-type: none"> • Be aware that veterans span a wide range of service backgrounds, ages, and familiarity with communication modes and be prepared to address these unique issues. • Understand that veterans may benefit from communication of specific, tangible supports available. • Review and confirm appropriate terminology and communication strategies to maximize uptake and ensure access to services 	<ul style="list-style-type: none"> • Provide assistance to veterans in obtaining / accessing communication (access to devices / Wi-Fi). • Connect veterans to peer supports within the community. • Consider group work to offer access to peer support networks. 	<ul style="list-style-type: none"> • Plan for sharing information through a variety of communication modes, including word of mouth, handouts, electronic sources. 	<ul style="list-style-type: none"> • Conduct brief surveys to confirm modes / styles of communication are appropriate. • Check in with veteran service recipients regularly to identify needs are met.



	Ways to Improve Access to Services for Veterans	Opportunities for Provider Support to Address Common Challenges Facing Veterans	Strategies for Providers to Connect Veterans to Community Resources	Provider Follow-up to Ensure Veterans Issues are Addressed
<p>Provider Planning Strategies to Ensure Inclusive Services for AIAN Veterans</p>	<ul style="list-style-type: none"> • Involve veterans in planning processes. • Seek confirmation of plan through advisory board or other expert group that includes veteran and veteran advocate members. • Include opportunities to learn about cultural supports and how to appropriately build them into veteran programming. • Identify ways of building in supports for families of veterans and other trusted agencies / programs. 	<ul style="list-style-type: none"> • Consult with health / mental health / substance use experts to ensure veteran participation. • Consider staff training in motivational interviewing or other culturally compatible approaches to supporting program participants. 	<ul style="list-style-type: none"> • Develop partnerships with local programs to collaborate on communication and other shared efforts supporting veterans. • Identify grant and other resources to assist with implementation. • Identify tribal or other local resources for transportation or other needs. 	<ul style="list-style-type: none"> • Develop a crosswalk of veteran needs identified and the matched supports your program can offer. • Communicate the supports clearly to veterans and specify which issues your program is aspiring to address.

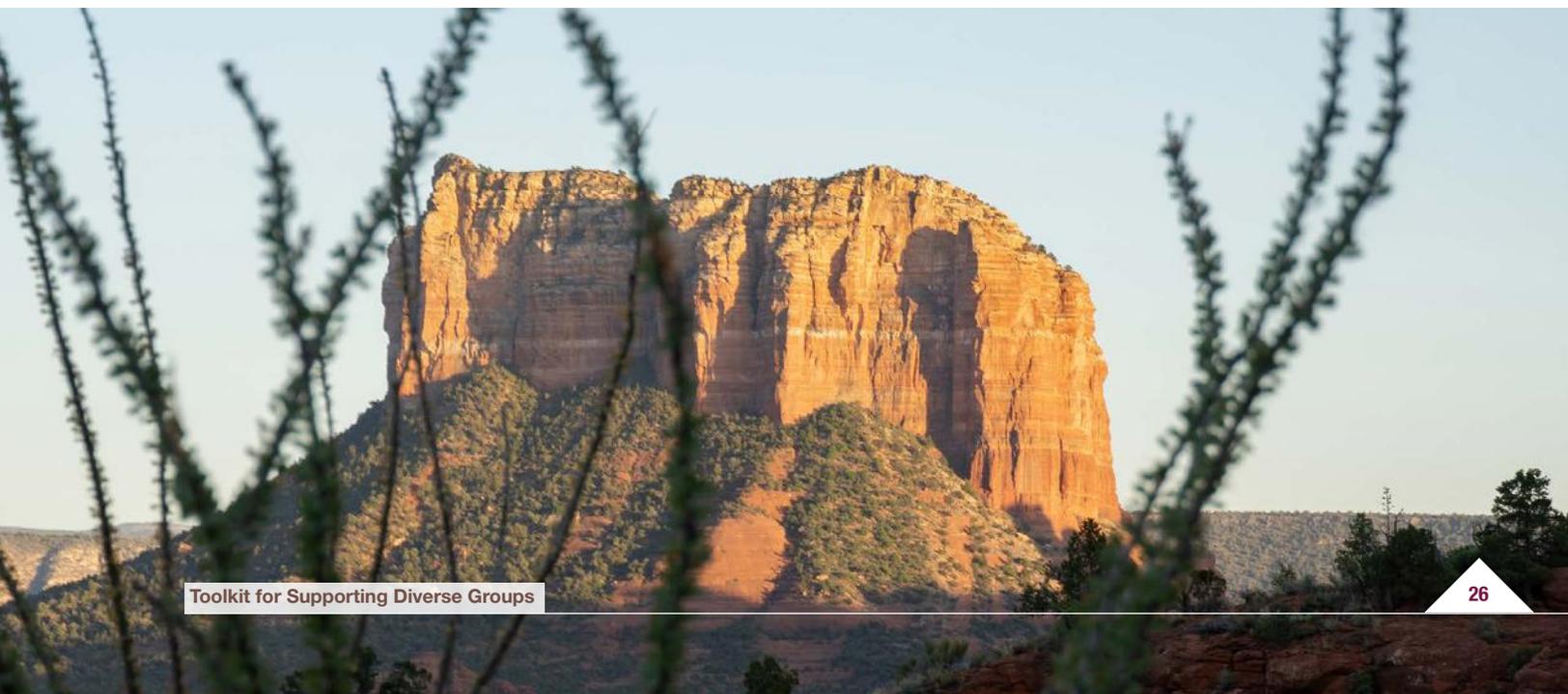




REFERENCES // // // // //

- 11 U.S. Department of Veterans Affairs. (2019, October). Determining Veteran Status. Retrieved in July 2021 from <https://www.va.gov/OSDBU/docs/Determining-Veteran-Status.pdf>
- 12 U.S. Department of Veterans Affairs. (2020, May) American Indian and Alaska Native Veterans: 2017. <https://www.va.gov/vetdata/docs/SpecialReports/AIAN.pdf>
- 13 National Indian Council on Aging, Inc. (2020). American Indian Veterans Have Highest Record of Military Service. <https://www.nicoa.org/american-indian-veterans-have-highest-record-of-military-service/>
- 14 Shilling, V. (2018, Sept. 13). By the Numbers: A Look at Native Enlistment During the Major Wars. Indian Country Today. <https://indiancountrytoday.com/archive/by-the-numbers-a-look-at-native-enlistment-during-the-major-wars?redir=1>
- 15 National Congress of American Indians. (n.d.). Veterans. Retrieved in July 2021 from <https://www.ncai.org/policy-issues/education-health-human-services/veterans>
- 16 DeSimone, D. (2020, Nov. 13). A History of Military Service: Native Americans in the U.S. Military Yesterday and Today. United Service Organizations. <https://www.uso.org/stories/2914-a-history-of-military-service-native-americans-in-the-u-s-military-yesterday-and-today>
- 17 U.S. Department of Veterans Affairs. (2012, September). American Indian and Alaska Native Servicemembers and Veterans. https://www.va.gov/tribalgovernment/docs/aiian_report_final_v2_7.pdf
- 18 U.S. Department of Veterans Affairs. (2012, September).
- 19 Simkins, J. & Barrett, C. (2019, November 15). A 'Warrior Tradition': Why Native Americans continue fighting for the same government that tried to wipe them out. Military Times. <https://www.militarytimes.com/off-duty/military-culture/2019/11/15/a-warrior-tradition-why-native-americans-continue-fighting-for-the-same-government-that-tried-to-wipe-them-out/>
- 20 WNED-TV. (2019). The Warrior Tradition: What Does it Mean to be a Warrior? <https://www.pbs.org/wned/warrior-tradition/features/what-does-it-mean-to-be-a-warrior/>
- 21 Bear, S. & Daw, R. (2019) Keys to Understanding Unique Challenges and Strengths of American Indian, Alaska Native Clients Whom suffer from PTSD. National American Indian & Alaska Native Addiction Technology Transfer Center. https://www.nihb.org/docs/10042019/Native%20Veteran%20Curriculum_Healing%20the%20Returning%20Warrior.pdf
- 22 U.S. Department of Veterans Affairs. (2020, May). American Indian and Alaska Native Veterans: 2017. <https://www.va.gov/vetdata/docs/SpecialReports/AIAN.pdf>
- 23 U.S. Department of Veterans Affairs. (2020, May).

- 24 Albright, D. L., Fletcher, K. L., McDaniel, J., Godfrey, K., Thomas, K. H., Tovar, M., & Bertram, J. M. (2020). Mental and physical health in service members and veteran students who identify as American Indians and Alaskan Natives. *Journal of American College Health*.
<https://www.tandfonline.com/doi/full/10.1080/07448481.2019.1707206>
- 25 Howard, M. O., Walker, R. D., Suchinsky, R. T., & Anderson, B. (1996). Substance-use and psychiatric disorders among American Indian veterans. *Substance Use & Misuse*, 31(5), 581–598. <https://www.tandfonline.com/doi/abs/10.3109/10826089609045828>
- 26 Kaspro, W. J., & Rosenheck, R. (1998). Substance use and psychiatric problems of homeless Native American veterans. *Psychiatric Services*, 49(3), 345–350.
<https://ps.psychiatryonline.org/doi/full/10.1176/ps.49.3.345>
- 27 Tan, M. C., Westermeyer, J., Thompson, J., Thuras, P., & Canive, J. (2008). Sustained remission from substance use disorder among American Indian veterans. *Addictive Disorders & Their Treatment*, 7(2), 53–63. https://journals.lww.com/addictiondisorders/Abstract/2008/06000/Sustained_Remission_From_Substance_Use_Disorder.1.aspx
- 28 Bernardy, N. C., Lund, B. C., Alexander, B., & Friedman, M. J. (2014). Increased polysedative use in veterans with posttraumatic stress disorder. *Pain Medicine*, 15(7), 1083–1090.
<https://doi-org.offcampus.lib.washington.edu/10.1111/pme.12321>
- 29 Justice for Vets. (n.d.). Retrieved in August 2021 from <https://justiceforvets.org/about/>
- 30 Justice for Vets. (2021). What's at Stake. <https://justiceforvets.org/whats-at-stake/>
- 31 Koenig, C., Maguen, S., Monroy, J., Mayott, L., Seal, K. (2014). Facilitating culture-centered communication between health care providers and veterans transitioning from military deployment to civilian life. *Patient Education and Counseling*. 95(3), 414-420.
<https://doi.org/10.1016/j.pec.2014.03.016>
- 32 Bear, S. & Daw, R. (2019) Keys to Understanding Unique Challenges and Strengths of American Indian, Alaska Native Clients Whom suffer from PTSD. National American Indian & Alaska Native Addiction Technology Transfer Center. https://www.nihb.org/docs/10042019/Native%20Veteran%20Curriculum_Healing%20the%20Returning%20Warrior.pdf
- 33 Gurley, D., Novins, D., Jones, M., Beals, J., Shore, J., & Manson, S. (2001). Comparative use of biomedical services and traditional healing options by American Indian veterans. *Psychiatric Services*, 52(1), 68–74. <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.52.1.68>





American Indian / Alaska Native Elders and Elderly

Background Information

Conceptualizations of “elderly” and “elder” may vary greatly across tribes and tribal organizations. For the purposes of screening, prevention and treatment considerations, “elderly” can be conceptualized in terms of chronological age and often includes those 55–65 years of age and older. “Elder” is often tied to individuals with extensive life experience and knowledge. Elders are considered to be “wisdom keepers” and those who possess important cultural information. Also, elders are often community leaders and teachers who are treated with high respect.³⁴ It is important to check with community members about who is considered an elder as this status varies by community.

“ When I think of ‘elder,’ I think of someone who has so much knowledge that they’ve gathered and they have so many stories to tell and that every story has a lesson in there that can be learned or that you can take away with you. That they’re essentially like the wisdom keepers. I think about respect, wisdom, my teachers who I learned from and it’s been that way ever since I was a little girl.”

— Collette Adamsen, National Resource Center on Native American Aging

Nationally, AIAN communities are younger than the general population, with life expectancies that are about 5.5 years less than the general population (73 years vs. 78.5 years).³⁵ Likewise, 21.9% of AIAN individuals are 55 years and older and 10.3% are 65 years and older in comparison to 31.7% and 17.9% of White individuals respectively.³⁶ Social determinants of health including limited access to quality health care, high rates of chronic health conditions and poorer socioeconomic circumstances contribute to shortened life expectancies.³⁷ Disparities in health care services for AIAN populations are historically rooted in federal treaties that included tribes ceding large portions of land in exchange for promises of



health care and educational services from the U.S. government. In actuality, inequitable services have been provided by agencies without expertise in health care provision (U.S. Department of War) and then by agencies that have been chronically underfunded (Bureau of Indian Affairs [BIA]; Indian Health Services [IHS]).³⁸ The U.S. Department of Health and Human Services and the Administration for Community Living sets present-day federal funding for AIAN elders / elderly under the Older Americans Act.³⁹ Funding allocation is determined based on size of the population and scope of need, leaving rural / reservation-based AIAN elders / elderly without robust services like free-standing facilities and urban AIAN without culturally appropriate programming.⁴⁰ Providers should keep these needs and limitations in mind when trying to support AIAN elders, who represent the foundation of cultural knowledge and resiliency in their communities.

“ Even some of the programs that are available to tribal elders or elders in general, a lot of times it’s hard for them to get to the facility to even partake in some of those preventative health and wellness programs ... [N]ursing homes tend to be so far away and [are] a challenge for their family to visit them so they feel more socially isolated. Culturally, they don’t provide for them and they feel cut off from their culture, from their family, from their social networks, from cultural events.”

— Jacque Gray, National Indigenous Elder Justice Initiative

Screening, Prevention and Treatment Considerations

AIAN elders and elderly may be at higher risk for opioid use or the impacts of family members' opioid use based on comorbid risk factors. Providers can consider the following factors when engaging in screening, assessment, and treatment.

- AIAN elders / elderly are at risk for medical comorbidities (chronic pain, fall risk, cognitive decline, other chronic medical conditions),^{41,42} mental health comorbidities (increased risk for depressive episodes, suicidality, problematic alcohol use),^{43,44} historical trauma (displacement, boarding schools) and complex trauma (lifetime, elder abuse / neglect).^{45,46} Effective screening and assessment should parse apart mental health disorders from cognitive decline and other chronic health conditions (e.g. depression may present as being tired or irritable or being tired / irritable could indicate vascular issues).⁴⁷
- Elderly adults may experience increased likelihood of being prescribed opioids to treat higher occurrences of chronic and acute pain. In 2015–2016, 19.3% of elderly adults filled at least one outpatient opioid prescription and 7.1% obtained four or more prescription refills. The average annual rates of any outpatient opioid use increased as health status declined.⁴⁸
- Prescription opioid use may lead to problematic use including overdose risk for the elderly and / or risk of family members taking the elders' prescription in non-prescribed fashion. Non-prescription use by family members can in turn lead to instability in the home environment. The 2005-2006 National Survey on Drug Use and Health found that non-prescription opioid use was more likely among AIAN adults aged 50 and over.⁴⁹
- If elderly adults are prescribed opioids, providers should consider the lowest effective dosages as physiological adverse effects increase with age, including excessive sedation, respiratory distress and impairment in vision, attention, and coordination.⁵⁰ For elderly adults with chronic pain conditions and / or problematic opioid use, providers should consider a Stepped Care Model / [S.T.O.P.P.A.I.N](#) approach, which is patient-centered and involves progressive treatment interventions and modifications such as cognitive-behavioral therapy, physical rehabilitation, acupuncture, mindfulness meditation.⁵¹
- Promoting cognitive health, exercise, physical activity, healthy eating, and social interaction can be powerful prevention tools.⁵²

Screening, Prevention and Treatment Considerations (continued)

- Access to both general health and opioid use screening and prevention is difficult given the transportation limitations of this population. AIAN elders / elderly living in urban settings may need assistance organizing transportation to visits. For those living in rural and reservation settings, transportation may be an even greater barrier given large land distances between facilities or a complete lack of certain specialty services.
- Access to skilled and assisted care facilities located in tribal communities is very limited (approximately 20 nationwide). Those who need to access care facilities outside of the community experience displacement including being cut off from cultural, social, and family support.
- In many communities, AIAN elders have become the primary caregivers for grandchildren as parents' addictions preclude them from child rearing. These expanded responsibilities can be challenging for elders as they may face economic and health issues specific to their age and employment status.^{53,54}
- Training, self-care, and respite resources for skilled and family caregivers should be emphasized given long-term care provision stress and risk for elder neglect or elder abuse.⁵⁵

Data Collection Considerations and Data Infrastructure Needs

- Increased data collection regarding the limited availability of services including a paucity of assisted care facilities is needed to increase funding for care facilities on tribal lands and in urban settings.

Resiliency Factors for AIAN Elders / Elderly may Include:

- Wisdom and leadership roles in the community promote increased mental and physical health and general wellbeing
- Increased creativity has emerged in connecting elders / elderly to social support during the COVID-19 pandemic (parking lot bingo, funding for telehealth technology and support, tribal monitoring of elder wellbeing via color-coded window signs)
- Family, caregiver, and community support can be very helpful when education and support resources are provided

“ [D]uring the pandemic ... elderly ... were having to stay in their homes ... and that was extremely difficult. [We had to find] ways for [elders and the elderly] to socialize, [including] parking lot bingo ... where [we could] run the gifts out, or the prizes out, in the electric carts. [That] really showed the resiliency of our elders and our people.”

— Jacque Gray, National Indigenous Elder Justice Initiative

Expert Insight



Collette Adamsen, PhD, is originally from Belcourt, North Dakota, and is an enrolled member of the Turtle Mountain Band of Chippewa Indians. Since 2017, Dr. Adamsen has served as *Director of the National Resource Center on Native American Aging (NRCNAA) at the Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences* in Grand Forks, North Dakota. In this position, Dr. Adamsen provides grant project direction and leadership, conducts research on health disparities among American Indian / Alaska Native / Native Hawaiian elders throughout the nation, manages data for the NRCNAA, and functions as an American Indian content specialist.



Jacque Gray, PhD, is from Oklahoma and is of Choctaw and Cherokee descent. Dr. Gray is the *Principal Investigator of the National Indigenous Elder Justice Initiative at the Center for Rural Health at the University of North Dakota School of Medicine & Health Sciences*. Dr. Gray has worked with tribes throughout Indian Country for 40 years in the areas of health, education, counseling, and program development. She also has experience in policy work and advocacy through testimony in Congress on suicide among American Indian youth, funding for Indian Health Service, addressing elder abuse in Indian Country, and other health disparity related issues.



Resources (Website Links and Leading Organizations)

- [National Resource Center on Native American Aging](#)
- [National Indigenous Elder Justice Initiative](#)
- [Identifying our Needs, A Survey of Elders \(ongoing participation requested\)](#)
- [Evidence-Based Health Promotion Programs Among Older American Indian, Alaska Native, and Native Hawaiian Communities](#)
- [Native Elder Service Locator](#)
- [Native Elder Caregiver Curriculum](#)
- [The Opioid Public Health Emergency and Older Adults](#)
- [Video Resources on AIAN Elders & Elder Abuse](#)
- [WELL-Balanced \(Wise Elders Living Longer\) - Downloadable Program](#)
- [Health Topics A-Z | National Institute on Aging](#)

Crosswalk of Approaches for Supporting Native Elders

The crosswalk on the following page provides specific guidelines and suggestions on how to best support elders and the elderly within AIAN communities. The crosswalk outlines common issues that members of these groups may face and how providers can be responsive to address them in meaningful ways. The crosswalk includes considerations regarding communication, planning and implementation approaches for providers, and suggestions for evaluation with regard to access to services, supports for common challenges, connections to community resources, and ways to follow-up to ensure any issues are addressed.

We rely on [guidelines developed by the National Indian Council on Aging](#) to address contextual and cultural needs of AIAN elders and the elderly:

- Use talking circles or other approaches that allow for meaningful discourse to develop trust and hold space to identify needs and challenges elders and the elderly face.
- Provide program materials in Indigenous languages.
- Include Indigenous staff in program delivery and train them in cultural approaches.
- Incorporate cultural practices in program delivery (e.g., include Indigenous foods, prayers and blessings, cultural activities, etc.).
- Make adjustments in program delivery to allow extra time for elders' and the elderly's needs (e.g., offer accessible restrooms, build in multiple breaks, use a microphone to ensure discussion is audible, adjust for those who may come late due to illness or other emergencies, offer child care and / or activities for grandchildren and others to ensure elders and the elderly can fully engage).

AIAN Elder-serving organizations (from interviews with staff from the United Indians of All Tribes Foundation and the National Indigenous Elder Justice Initiative) may also consider incorporating additional cultural and contextual factors into their programming:

- **Respect elders and the elderly.** Across many tribal and Alaska Native communities, elders and the elderly are respected and expect higher quality, more intense interactions that make time together more meaningful and impactful. Thus, program staff should plan to spend extra time with elders they serve.
- **Include gifts and other tokens of appreciation.** They represent important aspects of cultural exchange with AIAN elders and the elderly and should be included as a program component.
- **Train staff to be aware of indirect communication styles,** as these styles may be more common among elders and the elderly in some communities. Training program staff to listen for what is not said and / or respect alternative messengers like a grandchild who may be relaying information from an elder to support improved communication.
- **Learn, maintain, and adhere to cultural values.** Elders and the elderly in many AIAN communities consider taking care of the community to be their obligation and will give away more than they can afford if they think a community member is in need. This may be an important consideration in your community to ensure elders receiving services are not unduly burdened by these norms.
- **Be aware of cultural norms and your communication style.** Communication styles vary for elders and the elderly, and if they receive a compliment about a possession, cultural norms may dictate that they give the object to the person paying the compliment. One way to avoid this is by saying, "Those earrings look beautiful on you," rather than "Those earrings are beautiful."

Native elders are also uniquely impacted by opioid overdose, which is important to consider in the planning and delivery of services and supports. Issues such as care of grandchildren, limited economic resources, lack of transportation, housing instability, overcrowding, and physical and mental health needs represent issues that may be salient for elders and the elderly facing opioid overdose and misuse within their families and communities. Moreover, the Indian Health Service care prioritizes acute and preventative care, while AIAN elders and the elderly need support to address chronic issues (e.g., diabetes, heart disease, cancer, etc.) and rehabilitation care.

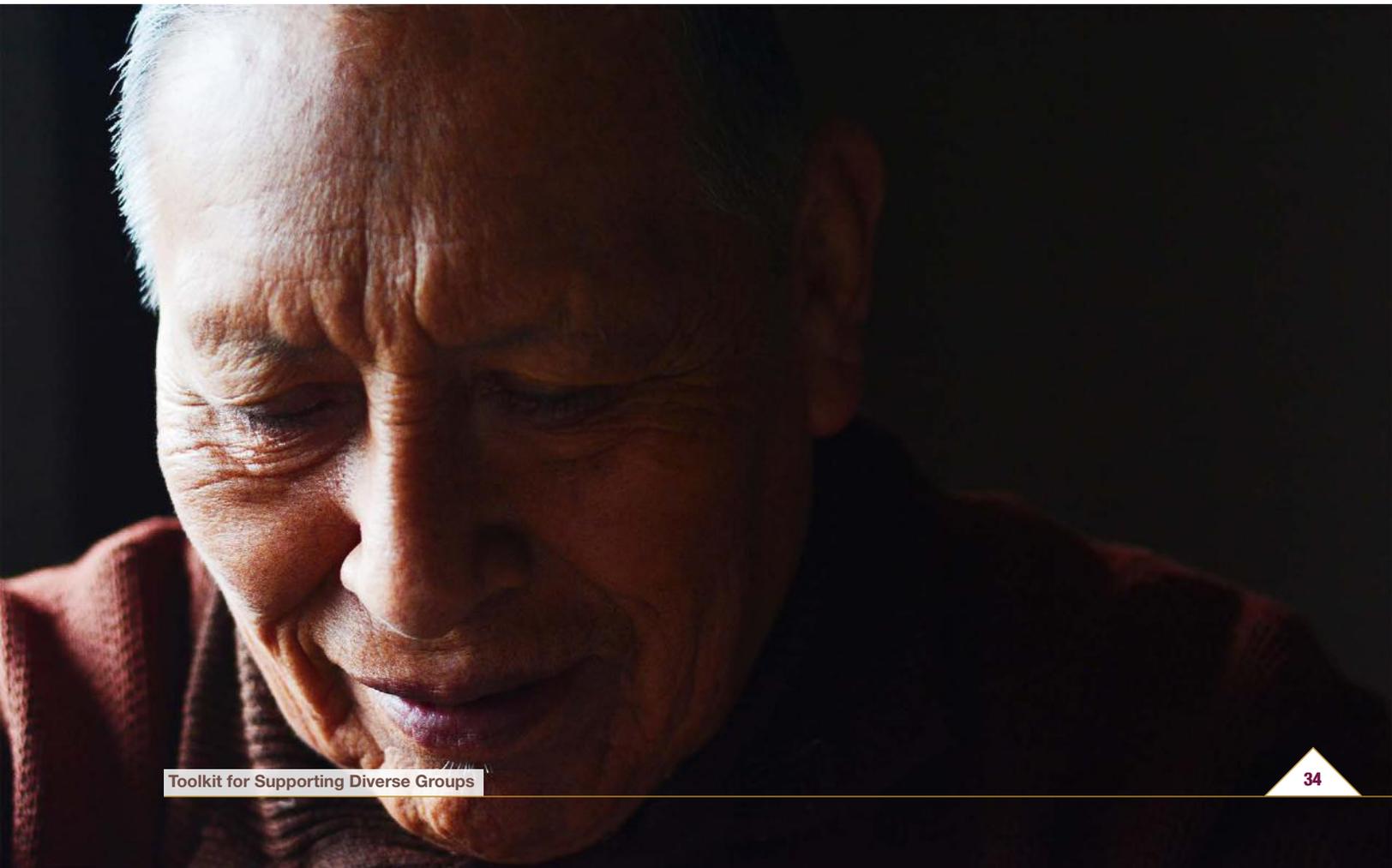
See in particular:

Sommerfeld, D., Jaramillo, E., Lujan, E., Haozous, E., & Willging, C. (2021). Health Care Access and Utilization for American Indian Elders: A Concept-Mapping Study. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 76(1), 141-151.

Willging, C., Jaramillo, E., Haozous, E., Sommerfeld, D., & Verney, S. (2021). Macro- and meso-level contextual influences on health care inequities among American Indian Elders. *BMC Public Health*, 21(1), 636.

Goldhammer, C. Native American Breastfeeding Coalition. (personal communication, March, 2017).

Jordan, L. United Indians of All Tribes Foundation. (personal communication, September 2019).



	Ways to Improve Access to Services for Elders and the Elderly	Opportunities for Provider Support to Address Common Challenges Facing Elders and the Elderly	Strategies for Providers to Connect Elders and the Elderly to Community Resources	Provider Follow-up to Ensure Elders' Issues are Addressed
Common Issues and Practices to Ensure Inclusiveness of Elders	<ul style="list-style-type: none"> • Be prepared to address possible trauma exposure (past and present). • Provide transportation support. • Be flexible in scheduling appointments. • Provide education to elders and the elderly to ensure connection to services. • Offer childcare during appointments. • Confirm readability of materials (font / jargon) 	<ul style="list-style-type: none"> • Seek and provide education and training for departmental service providers to address challenges veterans may have in relation to opioid misuse / treatment / overdose. • Connect with Community Health Educators, Veteran Health Navigators, or other providers trained in addressing issues salient for veterans. • Develop and provide information on resources specific for diverse veterans. 	<ul style="list-style-type: none"> • Develop and disseminate handouts with contact information that veterans can use immediately (wallet cards, magnets with toll free resource numbers, websites, etc.). • Identify and implement strategies for needs (scheduling around work and other appointments, etc.). • Develop and disseminate information on multisector partnerships (e.g., employment, legal, housing, health / mental health systems) to ensure comprehensive support and shared policies and approach. • Develop and provide intensive case management in the form of tribally-based veterans navigators or advocates to ensure access to care. 	<ul style="list-style-type: none"> • Develop, manage, and utilize a robust data system to confirm needs are met (including, but not limited to, referrals to other programs, treatments, or services, patient satisfaction, patient follow-up on medications, etc.). • Provide peer support or other acceptable method of follow-up to assess whether needs are met.

	Ways to Improve Access to Services for Elders and the Elderly	Opportunities for Provider Support to Address Common Challenges Facing Elders and the Elderly	Strategies for Providers to Connect Elders and the Elderly to Community Resources	Provider Follow-up to Ensure Elders' Issues are Addressed
Communication Considerations for Providers to Ensure Meaningful Services for AIAN Elders and the Elderly	<ul style="list-style-type: none"> • Be prepared to discuss the preferred mode of communication, as this may vary across generations and communities. • Minimize jargon when speaking to elders and the elderly to promote information uptake. • Ensure font size is readable for elders and the elderly who may face vision issues 	<ul style="list-style-type: none"> • Provide elders and the elderly assistance in obtaining / accessing communication information. • Connect elders and the elderly to peer supports. • Consider group work among elders and the elderly to offer access to peer support networks. 	<ul style="list-style-type: none"> • Plan for sharing information in ways most useful to elders and the elderly (e.g., by word of mouth, newsletters, newspapers, and through phone trees). • Provide electronic devices and internet connectivity / troubleshooting designed for elder and elderly use. • Check in with elders and the elderly about their preference for hardcopies or electronic copies of materials. 	<ul style="list-style-type: none"> • Conduct brief surveys to confirm modes / styles of communication are appropriate for elders and the elderly. • Check in with elders and the elderly regularly to identify needs that are being met and other needs that may arise.



Supporting Native Elders and the Elderly

	Ways to Improve Access to Services for Elders and the Elderly	Opportunities for Provider Support to Address Common Challenges Facing Elders and the Elderly	Strategies for Providers to Connect Elders and the Elderly to Community Resources	Provider Follow-up to Ensure Elders' Issues are Addressed
Provider Planning Strategies to Ensure Inclusive Services of Elders and the Elderly	<ul style="list-style-type: none"> • Involve elders and the elderly in planning process. • Seek confirmation of plan through elder advisory board and / or other expert group(s). • Include opportunities to learn about cultural supports and how to appropriately build them into elder programming for staff. • Consider staff training in motivational interviewing or other culturally compatible approaches to supporting program participants. 	<ul style="list-style-type: none"> • Consult with accessibility experts to ensure elder / elderly participation. • Consult with experts in elder / elderly health to confirm approach is appropriate 	<ul style="list-style-type: none"> • Identify tribal or other local resources for transportation or other needs. • Develop partnerships with local programs serving elders and the elderly to collaborate on communication and other shared efforts. • Identify grant and other resources to assist with implementation. 	<ul style="list-style-type: none"> • Develop a cross-walk of elder needs identified and the matched supports your program can offer. • Communicate the supports clearly to elders and the elderly and specify which issues your program is aspiring to address.
Provider Implementation Approaches to Meaningfully Engage with Elders and the Elderly	<ul style="list-style-type: none"> • Plan early to confirm appropriate cultural supports are available to elders and the elderly. • Ensure elders and elderly participating in programming are not tasked with program implementation. 	<ul style="list-style-type: none"> • Consult with behavioral health experts to identify best practices for identifying and supporting elders and the elderly's mental health needs. 	<ul style="list-style-type: none"> • Build in opportunities for volunteering and other meaningful activities where elders and the elderly can share their perspectives / teachings. 	<ul style="list-style-type: none"> • Build in continuous quality improvement (CQI) as a regular effort to confirm and improve program reach and fit for elders and the elderly. • Confirm program implementation supports and empowers elders and the elderly.

	Ways to Improve Access to Services for Elders and the Elderly	Opportunities for Provider Support to Address Common Challenges Facing Elders and the Elderly	Strategies for Providers to Connect Elders and the Elderly to Community Resources	Provider Follow-up to Ensure Elders' Issues are Addressed
Evaluation Approaches for Providers to Ensure Feedback from Elders and the Elderly	<ul style="list-style-type: none"> • Include evaluation focusing on elder and the elderly access to services provided. • Identify elders' and the elderly's needs on a regular basis to ensure meaningful access. 	<ul style="list-style-type: none"> • Include satisfaction assessments to ensure elders' and the elderly's perspectives on support provided are identified and taken into account. 	<ul style="list-style-type: none"> • Track referrals across programs to ensure elders and the elderly are able to obtain necessary resources. • Share results across programs to ensure a culture of elder support. 	<ul style="list-style-type: none"> • Disseminate annual evaluation results among elders and the elderly and advisory group to identify priorities as needs change.



REFERENCES // // // // //

- 34 National Indigenous Elder Justice Initiative. (2018, October 11). Understanding the Role of Indigenous Elders. <https://www.youtube.com/watch?v=gWdfyj8zXt0>
- 35 Indian Health Service (2019, October). Disparities. Retrieved in July 2021 from <https://www.ihs.gov/newsroom/factsheets/disparities/>
- 36 U.S. Census Bureau. (2019). Sex by Age (American Indian and Alaska Native Alone). <https://data.census.gov/cedsci/table?q=Race%20and%20Ethnicity&tid=ACSDT5Y2019.B01001C>
- 37 Adamsen, C., Bendixen, B., Woodrich-Fernando, M., Goins, T., & Joe, J. (2021). Evidence-Based Health Promotion Programs Among American Indian, Alaska Native, and Native Hawaiian Communities. <https://www.nicoa.org/wp-content/uploads/2021/03/1-FINAL-REPORT-Evidence-Based-Health-Promotion-Among-AIANNH-Communities.pdf>
- 38 Adamsen, C., Bendixen, B., Woodrich-Fernando, M., Goins, T., & Joe, J. (2021).
- 39 Congressional Research Service. (2021, April 22). Older Americans Act: Overview and Funding. <https://crsreports.congress.gov/product/pdf/R/R43414>
- 40 Adamsen, C., Bendixen, B., Woodrich-Fernando, M., Goins, T., & Joe, J. (2021).
- 41 Tilly, J., Skowronski, S., & Ruiz, S. (2017, December). The Opioid Public Health Emergency and Older Adults. Administration for Community Living Brief. https://theconsumervoicework.org/uploads/files/general/ACL_Issue_Brief_-_Opioid_Abuse_and_Older_Adults_-_Dec2017.pdf
- 42 National Resource Center on Native American Aging. (n.d.). WELL-Balanced (Wise Elders Living Longer). Retrieved in July 2021 from <https://www.nrcnaa.org/well-balanced>
- 43 Momper, S. L., Dennis, M. K., & Mueller-Williams, A. C. (2017). American Indian elders share personal stories of alcohol use with younger tribal members. *Journal of Ethnicity in Substance Abuse*, 16(3), 293–313. <https://www.tandfonline.com/doi/full/10.1080/15332640.2016.1196633>
- 44 Shoff, C., Yang, T.-C., & Shaw, B. A. (2021). Trends in opioid use disorder among older adults: Analyzing Medicare data, 2013–2018. *American Journal of Preventive Medicine*, 60(6), 850–855. [https://www.ajpmonline.org/article/S0749-3797\(21\)00092-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(21)00092-1/fulltext)
- 45 Wheeler, M., & Gray, J. (n.d.). National Indigenous Elder Justice Initiative. Retrieved in September 2021 from <https://www.nieji.org/assets/4209-18074/maltreatment.pdf>
- 46 Gray, J. & Wheeler, M. (n.d.). Spiritual Abuse Among American Indian Elderly. National Indigenous Elder Justice Initiative. <https://www.nieji.org/assets/4210-18071/spiritual-abuse.pdf>
- 47 National Institute on Aging. (n.d.). Depression and Older Adults. Retrieved in July 2021 from <https://www.nia.nih.gov/health/depression-and-older-adults>
- 48 Moriya, A. & Miller, G. (2018, September). STATISTICAL BRIEF #515: Any Use and Frequent Use of Opioids among Elderly Adults in 2015–2016, by Socioeconomic Characteristics. Agency for Healthcare Research and Quality. https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml
- 49 Blazer, D., & Wu, L. (2009). Nonprescription Use of Pain Relievers by Middle-Aged and Elderly Community-Living Adults: National Survey on Drug Use and Health. *Journal of the American Geriatrics Society (JAGS)*, 57(7), 1252–1257.



- 50 Tilly, J., Skowronski, S., & Ruiz, S. (2017, December). The Opioid Public Health Emergency and Older Adults. Administration for Community Living Brief. https://theconsumervoicework.org/uploads/files/general/ACL_Issue_Brief_-_Opioid_Abuse_and_Older_Adults_-_Dec2017.pdf
- 51 Tilly, J., Skowronski, S., & Ruiz, S. (2017, December).
- 52 National Resource Center on Native American Aging. (n.d.). WELL-Balanced (Wise Elders Living Longer). Retrieved in July 2021 from <https://www.nrcnaa.org/well-balanced>
- 53 Dennis, M., & Brewer, J. (2017). Rearing Generations: Lakota Grandparents' Commitment to Family and Community. *Journal of Cross-cultural Gerontology*, 32(1), 95–113.
- 54 Mooradian, J., Cross, S., & Stutzky, G. (2007). Across Generations: Culture, History, and Policy in the Social Ecology of American Indian Grandparents Parenting Their Grandchildren. *Journal of Family Social Work*, 10(4), 81–101.
- 55 National Resource Center on Native American Aging. (n.d.). Native Elder Caregiver Curriculum. Retrieved in July 2021 from <https://www.nrcnaa.org/native-elder-caregiver-curriculum>





American Indian / Alaska Native Youth and Young Adults

Background Information

Definitions of “youth,” “young people,” and “young adults” may differ based on AIAN cultural conceptualizations, grant funding mechanisms, and service provision goals. “Youth” can be understood as a period of transition from the dependence of childhood to adulthood’s independence.⁵⁶ Broadly, youth to young adults are considered to be between 12 to 24 years of age (Expert interview). According to [U.S. Census Data](#), AIAN identifying individuals ages 24 years and younger comprise approximately 38% of the overall AIAN population. Identification as an AIAN young person also includes varying components such as self-identification, enculturation level, identity centrality, tribal affiliation, and living on- or off-reservation, as well as urban or rural locality.

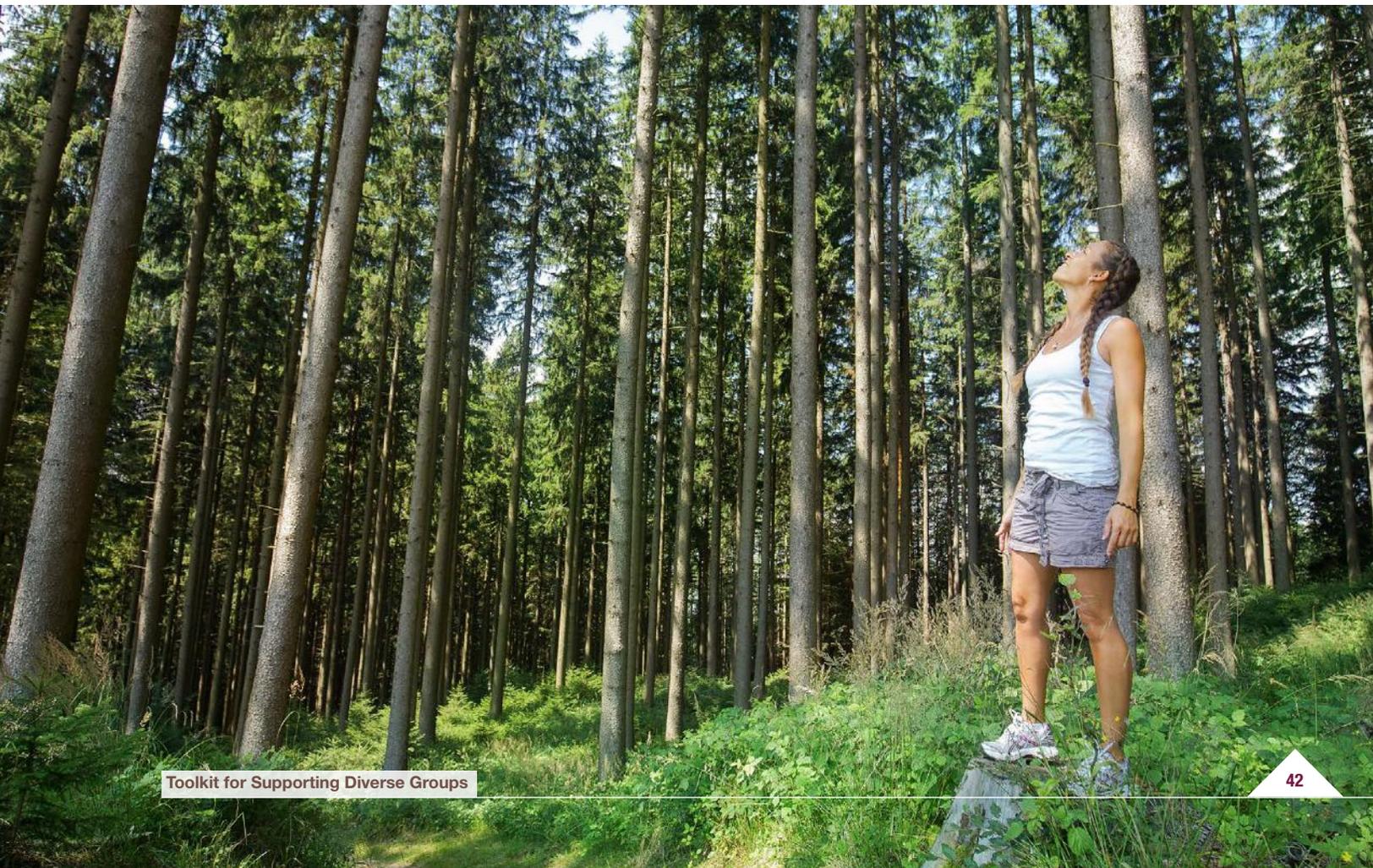
“ [O]pioid use has been primarily prescription based, and there is really a very nonchalant attitude about opioids. [I]t’s co-occurring most of the time ... it’s being used in conjunction with something else ... primarily methamphetamines or marijuana. [T]hat comes from trauma ... adverse child experiences. [The] trauma-based use [is] a lot of ‘I can’t be who I am. I can’t even talk about it.’ [A] lot of suicidal ideation comes from that.”

— Nathan Billy, National Indian Health Board

From the late 1800s to the mid-1900s, the U.S. government enacted legislation that forcibly removed AIAN children from their homes and placed them in Christian boarding schools. Children at these boarding schools faced malnutrition, disease, physical and sexual abuse, and severe discipline if they spoke their languages or engaged in cultural practices.⁵⁷

It was not until 1978 that AIAN parents gained the legal right to deny their children's placement in off-reservation schools ([Indian Child Welfare Act](#)). The boarding school era continued a colonial legacy of extreme displacement and damage to AIAN individuals, communities, and culture. Boarding school youth experienced trauma and disconnection from culture, which in turn disrupted the passage of cultural practices to subsequent youth generations. Similar deleterious practices continue today with systemic prejudices perpetrated by juvenile justice, child welfare services, and the foster care system.^{58,59} For example, from 2008–2017, AIAN children had the highest level of disproportionality in foster care entries due to parental drug use.⁶⁰ AIAN parents and children are overrepresented in these systems that often cause further damage rather than offer effective, culturally appropriate rehabilitation methods.

While AIAN youth and their families face multiple adversities, there is also strong resiliency in the form of community connection, cultural revitalization, and advocacy efforts. In the nationwide [Indigenous Futures Survey](#) (2020), over 90% of 1,086 Indigenous youth participants strongly agreed or agreed that being Native American is an important part of their identity compared to only 27% of participants strongly agreeing or agreeing that being an American is an important part of their identity. Providers should consider the risks that AIAN youth face while also supporting the strengths of AIAN identity factors.



“ [W]hat is typically presented to [youth] is abstinence only. And it is powerful. It is a model that some people have made work very well. But along with that sometimes comes unrealistic expectations and colonial based shame. The sad case is seeing that if a youth chooses not to abstain, it’s accompanied by shame messages such as ‘you’re a horrible person and you disappointed God, and you disappointed your family and you disappointed everyone.’ There’s a disconnect because the fear from the adult is that anything related to harm reduction is nothing more than a green light to engage in all of these behaviors. [O]ur youth don’t think that way. [T]hey’re so much more sophisticated in their thinking than their elders often give them credit for. Their ability to hold that it’s not an either / or thinking with them, they understand that and they talk freely when they are given the support to do so.”

— Nathan Billy, National Indian Health Board

Screening, Prevention and Treatment Considerations

AIAN youth may be at higher risk for opioid use and overdose based on comorbid risk factors. Providers can consider the following factors when engaging in screening, assessment, and treatment.

- The Indigenous Futures Survey (2020) data identify the following as very urgent priorities: improving mental health; addressing violence against women, children, and LGBTQ+ individuals; preserving tribal languages and culture; caring for tribal elders; and improving access to quality healthcare.⁶¹
- AIAN youth have disproportionately high rates of heroin and other opioid misuse and recently there has been a large increase in negative outcomes due to opioid use.⁶² For example, one study found AIAN youth have over a 500% higher mortality rate due to opioid use when compared to the general population.⁶³
- While adolescence is a period of high risk due to transition and experimentation, it is important to consider substance use disparities in the context of systemic racism, historical trauma, and colonization.⁶⁴ Additional risk factors include greater peer substance use, lower family substance use disapproval, lower school performance, depressive symptoms, and adverse childhood experiences.^{65,66}
- In addition to higher risk for opioid use, youth who have parents or family members who are active users themselves, have added likelihood for trauma exposure, stress, neglect, and inappropriate levels of responsibility (e.g. caring for siblings, resuscitating family during an overdose, etc.). Please see the “[Information for Family, Friends and Caregivers](#)” section for relevant support resources.
- Youth also have an increased likelihood of substance co-use. Providers should screen for alcohol, marijuana, and other substance use in conjunction with opioid misuse.

Screening, Prevention and Treatment Considerations (continued)

- Ages 12–24 are important periods of development for sexuality, gender identity, and social networks. Youth who identify as a sexual minority and / or gender diverse may be at increased risk for discrimination, substance use, and suicidality.⁶⁷ Organizations should provide education and training for screening, welcoming, and supporting youth experiencing these multiple factors. Healthy Native Youth and Northwest Portland Area Indian Health Board have helpful webinars, toolkits, and services for supporting sexual minority and / or gender diverse youth.^{68,69}
- Cognitive reasoning including prefrontal cortex development, judgment, and decision making is not fully accomplished until age 25.⁷⁰ While increased risky decision making corresponds with adolescence and young adulthood, providers should also make space for the creativity and resiliency of young people. Youth do have cognitive flexibility when considering harm reduction principles and how they can learn and engage in ways to promote well-being.⁷¹
- Providers should refrain from shame-based prevention / intervention techniques and give a safe space for sharing and growth. For example, Motivational Interviewing (MI) is an effective approach for adolescent substance abuse that emphasizes exploring and reinforcing clients' intrinsic motivation towards healthy behaviors while supporting their autonomy.⁷² Please refer to [Motivational Interviewing with Adolescents \(2015\)](#) for more information about MI training and MI fundamentals with adolescents.
- In addition to evidence-based interventions, there is promising nascent work involving culturally tailored and culturally grounded approaches for youth substance use prevention and intervention.⁷³ These approaches combine evidence-based principles with community specific beliefs, traditions, stories, and mentorship.^{74,75,76,77,78,79,80}

Data Collection Considerations and Data Infrastructure Needs

- Both the scientific and grey literature could benefit from detailed explanations of culturally grounded work and programming rather than blanket recommendations for cultural adaptation or tailoring.
- Longitudinal investigation of the impact of using harm reduction principles with AIAN adolescents could increase the comfort and likelihood of use by other providers and organizations.

Resiliency Factors for AIAN Youth and Young Adults may Include:

- Desired connection with elders, cultural teachings, and cultural strengths (e.g., “Ask an Auntie / Uncle” programs are widespread and highly utilized)⁸¹, active engagement in their communities including access to civic engagement, advisory board participation, and continuation of cultural traditions^{82,83}
- Savvy technology use such as creating and receiving positive feedback from web and social media methods^{84,85}

Expert Insight



Nathan Billy, MEd, LPC, serves as *Director of Behavioral Health Programs for the National Indian Health Board*. He is a tribal member of the Choctaw Nation of Oklahoma and has previously served his nation as both a Licensed Professional Counselor and Deputy Director of Behavioral Health. His therapeutic and administrative experience includes a specific focus on substance use disorders; opioid prevention, treatment and recovery initiatives; suicide prevention, screening and assessment; and integrating behavioral healthcare in both clinical and tribal law enforcement settings. He is currently completing his PhD dissertation, which focuses on Choctaw cultural identity as a source of strength and resilience in recovery from substance use disorders.

“ Native youth [are] interested in helping [to inform improved LGBTQ2S+ access to and quality of care] because they don’t want others to go through similar experiences that were negative. They want to have a better pathway for the next generation, which is a very collectivist, indigenous-thinking mentality. I would encourage folks who are wanting to [improve LGBTQTS care], again, tribal leaders, clinicians, urban, rural, anywhere where you’re working on this, to consider reaching out and developing a partnership with persons who are local to wherever you are.”

*— Matthew Town, University of Portland; please see LGBTQ2S+ section for biographical information

Resources (Website Links and Leading Organizations)

- [Center for Native American Youth](#)
- [Healthy Native Youth.org](#)
- [We Are the Future: A Native Youth Narrative](#)
- [Indigenous Futures Survey Report: Building Indigenous Power](#)
- [We R Native, \(Instagram @wernative\)](#)
- [Tele-Native Youth \(bi-weekly webinars for youth to speak to professionals amid COVID-19, e.g. Indigenizing Higher Education & Laughter is Medicine](#)

Crosswalk of Approaches for Supporting Native Youth

This crosswalk provides specific guidelines and suggestions on how to best support youth within AIAN communities. The crosswalk outlines common issues that members of this group may face and how providers can be responsive to address them in meaningful ways. The crosswalk includes considerations regarding communication, planning and implementation approaches for providers, and suggestions for evaluation with regard to access to services, connections to community resources, and ways to follow-up to ensure any issues are addressed.

The best practices for working with Native youth continue to evolve as technology and other forces evolve and become both a resource and a possible challenge within the youth population. As with all youth, identity issues represent an important focus for Native youth. Issues such as enrollment status, enculturation, cultural connectedness, and preferences for different Indigenous labels (including those relating to sexual and gender identity) represent important discussions as youth explore and define their personal identity and how it relates to perceptions within their families, peers, communities, and the broader American setting. Holding space for intentional conversations with youth offers opportunities to meet youth where they are and identify ways to reduce the risk of possible harm.

In multiple qualitative studies, Native youth have articulated the importance of:

- Being flexible and supportive
- Hearing from parents (even when it may seem like youth don't want to!) about their views on drug use, protective behaviors, limits, etc.
- Receiving support from parents and other trusted adults to learn about cultural practices, increase community connectedness, and participate in cultural practices
- Deep listening to youth perspectives and limiting reactivity to youth statements when they are really needing opportunities to vent without being judged or provided "solutions" that do not reflect their views.



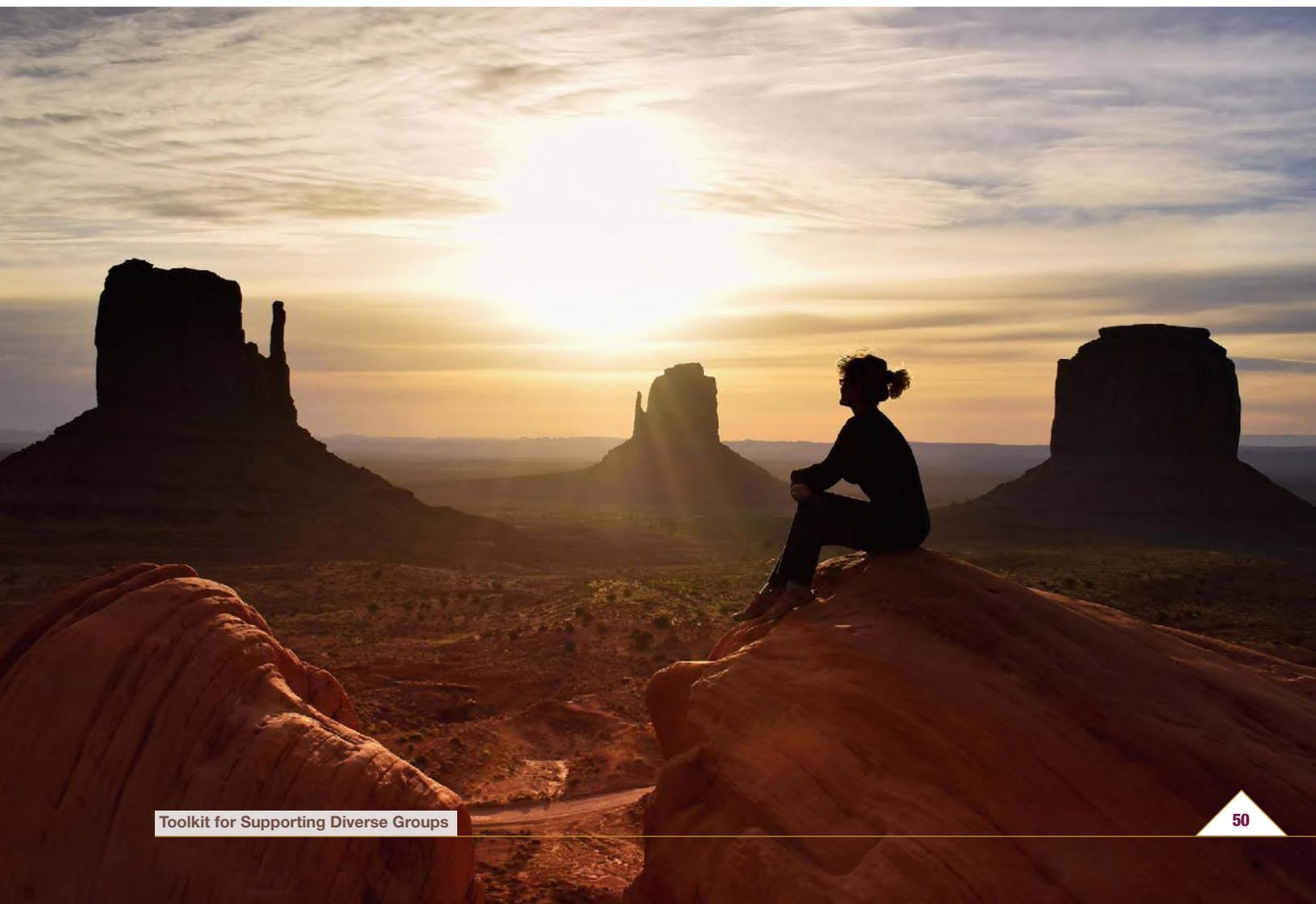
	Ways to Improve Access to Services for Youth	Opportunities for Provider Support to Address Common Challenges Facing Youth	Strategies for Providers to Connect Youth to Community Resources	Provider Follow-up to Ensure Youth Issues are Addressed
<p>Common Issues and Practices to Ensure Inclusiveness of Youth</p>	<ul style="list-style-type: none"> • Trauma exposure (past and present). • Training for providers and administrators to ensure youth needs are met. • Training for overdose prevention accessible for youth-related delivery / needs. • Identity development and relationships are changing, necessitating the creation and growth of accepting, affirming service environment. 	<ul style="list-style-type: none"> • Education and training for departmental service providers to address misconceptions that youth may have about opioid misuse / treatment / overdose. • CHEs or other providers trained in addressing issues salient for youth. • Resources specific for youth. • Concerns about trauma for youth that are addressing opioid overdose among friends and/or family. 	<ul style="list-style-type: none"> • Handouts with contact info that youth can use immediately (wallet cards, magnets with toll-free resource numbers, websites, etc.). • Strategies for needs (childcare, scheduling around school and other commitments, etc.). • Development and dissemination of multisector partnerships (e.g., schools, legal, housing, health / mental health systems) to ensure comprehensive support and shared antidiscrimination policies and approach. • Intensive case management may be needed for some groups, including LGBTQ2S+ youth, youth facing housing insecurity, etc. 	<ul style="list-style-type: none"> • Robust data system to confirm needs are met (including, but not limited to, referrals to other programs, treatments, or services, patient satisfaction, patient follow-up on medications, etc.). • Peer support or other acceptable method of follow-up. • Examine groups within the broader community to assess effectiveness for those dealing with substance abuse, lack of family support, housing and food insecurity, etc.

	Ways to Improve Access to Services for Youth	Opportunities for Provider Support to Address Common Challenges Facing Youth	Strategies for Providers to Connect Youth to Community Resources	Provider Follow-up to Ensure Youth Issues are Addressed
Communication Considerations for Providers to Ensure Meaningful Services for AIAN Youth	<ul style="list-style-type: none"> • Ask youth if they prefer a mix of private / public non-identifiable communications to ensure safety depending on their individual needs. • Confirm with youth whether they prefer short, tailored communication appropriate for social media outlets. • Review and confirm appropriate terminology to minimize offense and maximize comfort. 	<ul style="list-style-type: none"> • Provide assistance to youth in obtaining / accessing communication (access to devices / Wi-Fi). • Offer connections to appropriate peer supports. • Consider group work to offer access to peer support networks 	<ul style="list-style-type: none"> • Plan for sharing information by word of mouth, handouts, electronic sources. • Provide electronic devices and internet connectivity / troubleshooting. 	<ul style="list-style-type: none"> • Conduct brief surveys to confirm modes / styles of communication are appropriate. • Check in with youth service recipients regularly to identify needs are met.



	Ways to Improve Access to Services for Youth	Opportunities for Provider Support to Address Common Challenges Facing Youth	Strategies for Providers to Connect Youth to Community Resources	Provider Follow-up to Ensure Youth Issues are Addressed
<p>Provider Planning Strategies to Ensure Inclusive Services for AIAN Youth</p>	<ul style="list-style-type: none"> • Involve youth in planning processes. • Seek confirmation of plan through advisory board or other expert group that includes youth members. • Include opportunities to learn about cultural supports and how to appropriately build them into youth programming. • Identify ways of building in supports for parents and other trusted adults. 	<ul style="list-style-type: none"> • Consult with health / mental health / substance use experts to ensure youth participation. • Consider staff training in motivational interviewing or other culturally compatible approaches to supporting program participants. 	<ul style="list-style-type: none"> • Develop partnerships with local programs to collaborate on communication and other shared efforts supporting youth. • Identify grant and other resources to assist with implementation. • Identify tribal or other local resources for transportation or other needs. 	<ul style="list-style-type: none"> • Develop a crosswalk of youth needs identified and the matched supports your program can offer. • Communicate the supports clearly to youth community members and specify which issues your program is aspiring to address.
<p>Provider Implementation Approaches to Meaningfully Engage with AIAN Youth</p>	<ul style="list-style-type: none"> • Plan early to confirm cultural and other supports (e.g., affirming practices, asking for preferred pronouns, developing trust). • Ensure youth participating in programming are not tasked with program implementation or other unpaid emotional labor. 	<ul style="list-style-type: none"> • Construct a network of social supports specifically equipped to support youth. • Consult with behavioral health experts to identify best practices for identifying and supporting youth mental health needs. 	<ul style="list-style-type: none"> • Consult with national youth advocacy groups to assess how to ensure program services align with community needs. 	<ul style="list-style-type: none"> • Build in continuous quality improvement (CQI) as a regular effort to confirm and improve program reach and fit for youth. • Confirm program implementation supports and empowers youth.

	Ways to Improve Access to Services for Youth	Opportunities for Provider Support to Address Common Challenges Facing Youth	Strategies for Providers to Connect Youth to Community Resources	Provider Follow-up to Ensure Youth Issues are Addressed
Evaluation Approaches for Providers to Ensure Feedback from AIAN Youth	<ul style="list-style-type: none"> • Include evaluation of youth access to services provided. • Identify youth needs to ensure meaningful access. 	<ul style="list-style-type: none"> • Include satisfaction assessments to ensure perspectives from youth on support provided are identified and taken into account. 	<ul style="list-style-type: none"> • Track referrals across programs to ensure youth are able to obtain necessary resources. • Share results across programs to ensure a culture of youth support. 	<ul style="list-style-type: none"> • Disseminate annual evaluation results among youth, parents, and advisory group to identify priorities as needs / experiences change.



REFERENCES ///////////////

- 56 United Nations. (n.d.). Youth. Retrieved in August 2021 from <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>
- 57 Walters, K. (n.d.). History through a Native Lens. Investing in Native Communities. Retrieved in August 2021 from https://nativephilanthropy.candid.org/timeline/sort/event-year_asc_num/era/boarding-school-and-land-allotment-eras/
- 58 Child Welfare Information Gateway. (2021). Child welfare practice to address racial disproportionality and disparity. U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/>
- 59 National Indian Child Welfare Association. (2019). What is Disproportionality in Child Welfare? <https://www.nicwa.org/wp-content/uploads/2019/08/Disproportionality-Table-2019.pdf>
- 60 Meinhofer, A., Onuoha, E., Angleró-Díaz, Y., & Keyes, K. (2020). Parental drug use and racial and ethnic disproportionality in the US Foster care system. *Children and Youth Services Review*, 118. <https://www.sciencedirect.com/science/article/abs/pii/S0190740920308318?via%3Dihub>
- 61 Center for Native American Youth. (2021, May). We are the Future: A Native Youth Narrative. <https://live-cnay.pantheonsite.io/wp-content/uploads/2021/06/IFS-Youth-Report.pdf>
- 62 Barnett, T. E., Thompson, E. L., Litt, D. M., & Lewis, M. A. (2019). Correlates of nonmedical prescription opioid use among US adolescents. *American Journal of Preventive Medicine*, 57(5), e175–e179. [https://www.ajpmonline.org/article/S0749-3797\(19\)30223-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30223-5/fulltext)
- 63 Mack, K., Jones, C., & Ballesteros, M. (2017). Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States. *MMWR Surveill Summ* 2017;66(No. SS-19):1–12. <https://www.cdc.gov/mmwr/volumes/66/ss/ss6619a1.htm>
- 64 Ehlers, C. L., Gizer, I. R., Gilder, D. A., & Yehuda, R. (2013). Lifetime history of traumatic events in an American Indian community sample: Heritability and relation to substance dependence, affective disorder, conduct disorder and PTSD. *Journal of Psychiatric Research*, 47(2), 155–161. <https://www.sciencedirect.com/science/article/abs/pii/S0022395612003147?via%3Dihub>
- 65 Nalven, T., Spillane, N., & Schick, M. (2020). Risk and protective factors for opioid misuse in American Indian adolescents. *Drug and Alcohol Dependence*, 206. <https://www.sciencedirect.com/science/article/abs/pii/S0376871619305137?via%3Dihub>
- 66 Barnett, T. E., Thompson, E. L., Litt, D. M., & Lewis, M. A. (2019). Correlates of nonmedical prescription opioid use among US adolescents. *American Journal of Preventive Medicine*, 57(5), e175–e179. [https://www.ajpmonline.org/article/S0749-3797\(19\)30223-5/fulltext](https://www.ajpmonline.org/article/S0749-3797(19)30223-5/fulltext)
- 67 Fieland, K. C., Walters, K. L., & Simoni, J. M. (2007). Determinants of health among two-spirit American Indians and Alaska Natives. In I. H. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual, and transgender populations*. (pp. 268–300). Springer Science + Business Media. https://link.springer.com/chapter/10.1007/978-0-387-31334-4_11
- 68 Healthy Native Youth. (n.d.). Community of Practice Sessions. Retrieved in August 2021 from <https://www.healthynativeyouth.org/community-of-practice-sessions/>
- 69 Northwest Portland Area Indian Health Board. (n.d.). Section 2: Youth. https://www.npaihb.org/download/lgbtq_and_two_spirit_health/Youth-Section_2.pdf
- 70 Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., Sandhu, R., & Sharma, S. (2013). Maturation of the adolescent brain. *Neuropsychiatric disease and treatment*, 9, 449–461. <https://doi.org/10.2147/NDT.S39776>



- 71 Jenkins, E.K., Slemmon, A. & Haines-Saah, R.J. Developing harm reduction in the context of youth substance use: insights from a multi-site qualitative analysis of young people's harm minimization strategies. *Harm Reduct J* 14, 53 (2017). <https://doi.org/10.1186/s12954-017-0180-z>
- 72 Barnett, E., Sussman, S., Smith, C., Rohrbach, L., & Spruijt-Metz, D. (2012). Motivational Interviewing for adolescent substance use: a review of the literature. *Addictive behaviors*, 37(12), 1325–1334. <https://doi.org/10.1016/j.addbeh.2012.07.001>
- 73 Substance Abuse & Mental Health Services Administration. (2015). Native Youth Today! Bridging the Gap. *Prevention & Recovery*, 3(2) Special edition. https://www.samhsa.gov/sites/default/files/programs_campaigns/toa/prevention-recovery-special-edition-spring-2015.pdf
- 74 Healthy Native Youth. (2021, June 7). Healing of the Canoe. <https://www.healthynativeyouth.org/curricula/healing-of-the-canoe/>
- 75 Healthy Native Youth. (2021, August 10). Native Stand. <https://www.healthynativeyouth.org/curricula/native-stand-2-0/>
- 76 Healthy Native Youth. (2021, September 15). Brave User's Guide. <https://www.healthynativeyouth.org/curricula/brave/>
- 77 Crabtree, M., Stanley, L., Kelly, K., & Swaim, R. (2021). Be under your own influence: Effectiveness of a culturally-adapted drug prevention campaign targeting reservation-dwelling American Indian youth. *Journal of Community Psychology*. <https://onlinelibrary.wiley.com/doi/10.1002/jcop.22672>
- 78 Momper, S., Dennis, M., & Mueller-Williams, A. (2017). American Indian elders share personal stories of alcohol use with younger tribal members. *Journal of Ethnicity in Substance Abuse*, 16(3), 293–313. <https://www.tandfonline.com/doi/full/10.1080/15332640.2016.1196633>
- 79 Novins, D. K., Boyd, M. L., Brotherton, D. T., Fickenscher, A., Moore, L., & Spicer, P. (2012). Walking On: Celebrating the journeys of Native American adolescents with substance use problems on the winding road to healing. *Journal of Psychoactive Drugs*, 44(2), 153–159. <https://www.tandfonline.com/doi/abs/10.1080/02791072.2012.684628>
- 80 Stanley, L. R., Kelly, K. J., Swaim, R. C., & Jackman, D. (2018). Cultural adaptation of the be under your own influence media campaign for middle-school American Indian youth. *Journal of Health Communication*, 23(12), 1017–1025. <https://www.tandfonline.com/doi/abs/10.1080/10810730.2018.1536730?journalCode=uhcm20>
- 81 WeRNative. (2021). Ask Your Relatives. Retrieved in August 2021 from <https://www.wernative.org/ask-auntie-chat>
- 82 Indigenous Futures Project.(2020, December). From Protests, To the Ballot Box, and Beyond: Building Indigenous POWER. https://live-cnay.pantheonsite.io/wp-content/uploads/2020/12/indigenous_Futures_Survey_report_finalforemail.pdf
- 83 Center for Native American Youth. (2021, May). We are the Future: A Native Youth Narrative. <https://live-cnay.pantheonsite.io/wp-content/uploads/2021/06/IFS-Youth-Report.pdf>
- 84 Craig Rushing, S., Stephens, D., & Ghost Dog, T. (2018, December). Northwest Portland Area Indian Health Board. We R Native: Harnessing Technology to Improve Health Outcomes for American Indian and Alaska Native Youth. *Journal of Adolescent Health*. DOI:10.1016/j.jadohealth.2017.11.168
- 85 Craig Rushing, S., Stephens D., Leston, J., & Gardner, W. (2011, Spring/Summer). Surfing and Texting for Health: Media Use and Health Promotion Targeting NW Native Youth. *NW Public Health Journal*. 28(1),16–17. http://www.npaihb.org/images/epicenter_docs/PRT/PRT%20Article%20in%20NW%20Public%20Health.pdf



American Indian / Alaska Native Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit Community Members (LGBTQ2S+)

Background Information

Historically, Indigenous cultures held complex concepts of gender identity and sexuality. Colonization violently interrupted these systems with the social construction of harsh binaries that promote value judgements regarding which groups are deemed normative and which groups experience stigmatization.^{86,87,88} LGBTQ2S+ functions as an umbrella term for sexuality and gender identity while the individual acronyms within (Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit) span some, but not all identities. Two-Spirit is an Indigenous term for those who experience masculine and feminine spirit in the same body and may display a nonbinary range of sex and gender characteristics.⁸⁹

A brief overview of the historical context can aid providers to appreciate the complexity of AIAN identity and norms. Many LGBTQ2S+ individuals held social or ceremonial leadership roles such as medicine people or teachers, and perhaps most importantly, regardless of their role, LGBTQ2S+ individuals were respected as part of the community. The advent of settler colonialism meant the systematic destruction of complex gender identity and sexuality.⁹⁰ During the U.S. boarding school era from the late 1880s to mid-1900s, tribal communities' views on gender and sexual orientation shifted dramatically. This made it difficult and sometimes dangerous for LGBTQ2S+ individuals to express themselves.⁹¹

Presently, AIAN individuals who do not identify as heterosexual and cisgender face discrimination in healthcare settings. For example, in 2014, 37% of Indigenous transgender people postponed necessary medical treatment due to feared mistreatment while 50% reported having a negative experience due to their identity.⁹² Increased specialized care is needed and can be as simple as training staff to ask and use a person's correct name and pronoun (shown to reduce suicidal thoughts in LGBTQ2S+ youth by 65%).⁹³

Screening, Prevention and Treatment Considerations

AIAN LGBTQ2S+ may be at higher risk for opioid use and overdose based on comorbid risk factors. Providers can consider the following factors when engaging in screening, assessment, and treatment.

- Colonization introduced structural homophobia, transphobia, and sexism, disrupting AIAN traditional gender norms and sexual expressions. Because of this, many Two-Spirit and queer-identified individuals have increased health risks such as substance use, suicidality, mental health concerns, poorer health, and increased physical pain.^{94,95,96,97}
- It is important not to assume how a person identifies. Respectfully ask the individual how they identify, always reflect language used by the person, and be aware that some individuals may not want to disclose this information. Electronic health records should also be updated to allow for diverse terminology. The following [IHS LGBTQ 101 presentation](#) provides a helpful glossary of terms including the differences between gender and sexual orientation, as well as potential identification terminology.
- Due to experiences of discrimination, marginalization, and racism, LGBTQ2S+ individuals may face a higher risk of suicide and depression compared to cisgender and heterosexual community members.^{98,99} In addition, these mental health issues, combined with experiences of discrimination and marginalization, contribute to higher risk of opioid misuse.¹⁰⁰ Assessing mental health status and current substance use can help identify any needed treatment and mental health supports to lower risk of harm and support recovery.
- Many substance abuse treatment agencies lack specific services for LGBTQ2S+ community members. A 2007 study revealed that although 854 substance abuse treatment agencies promote themselves as having specialized LGBT programming in the National Survey of Substance Abuse Treatment Services, when called on the phone 605 (70.8%) acknowledged no specialized services and only 62 (7.3%) could report specialized programming.¹⁰¹
- Specialized knowledge, skills, and attitudes are needed to perform affirming care with LGBTQ2S+ populations. Care can fall on the following continuum: prejudiced, avoidant, tolerant, welcoming, inclusive and affirmative. Affirmative care is the goal and encompasses not only acknowledgement and knowledge regarding LGBTQ2S+ individuals, but also enthusiastic celebration and support of gender and sexually diverse individuals. Please see these [webinar slides](#) for care continuum information and ways to advance affirmative care. The [Northwest Portland Area Indian Health Board](#) has also developed AIAN-specific resources for members of LGBTQ2S+ communities.

Data Collection Considerations and Data Infrastructure Needs

- Developing advisory boards or other expert panels to assist with appropriate and sensitive data collection among LGBTQ2S+ community members would ensure accurate measures that are both reflective of the lived experience of these community members and non-offensive or stigmatizing. Such efforts must avoid tokenizing community members, and ensure meaningful participation.
- Consulting with experts focused on LGBTQ2S+ care and research can help identify approaches to understanding data trends in a more nuanced manner that informs a higher quality of care for this population.
- Increased internal and external programmatic tracking of LGBTQ2S+ services, including which health care organizations advertise specialty services, as well as clearly defined explanations of what the specialty services entail.
- Prior research has focused on LGBTQ2S+ alcohol and tobacco consumption disparities.^{102,103} More data should be collected on the prevalence of opioid use and misuse in AIAN LGBTQ2S+ populations.

Resiliency Factors for AIAN LGBTQ2S+ may Include:

- AIAN community acceptance, sharing of ancestral histories, and participation in ceremony
- It is important to note that there are varying levels of community acceptance or barriers to acceptance given the diversity of practices and beliefs among tribal nations
- Participation in LGBTQ2S+ online forums and community events may buffer the impact of discriminatory distress and reduce the likelihood of risk-taking behaviors¹⁰⁴

“ I encourage healthcare providers specifically, whether it’s mental health, allied health, professions, physicians, nurses, and the like to think about interacting with a person holistically. You can do this by asking permission in the same way you would ask permission to touch a person or to use an instrument on a person. You explain why you would do that for their physical being, and you should do the same thing for their psychological and social being, as well. And there may be hesitancy on the part of your patient / client as there may be a sense of cultural safety, where people are not wanting to share what it means to be Two-Spirit or the term they use in their local community and how they identify, because you just may not be a safe person for them based strictly on who you are and that’s okay, that’s okay for them to hold on to that that part of them to themselves.”

— Matthew Town, University of Portland



“ With regard to substance use risk factors for sexual and gender minority communities, I really use this idea of intersectional identities and belonging. People want to belong to a larger community, Native people specifically. We put a lot of effort in our collectivist ideologies and our collectivist ways of building societies. Though this is a broad generalization, many Native communities focus on the strengths or the assets of their membership because this is who we have in our group, and everyone can provide in some way. Everyone can contribute in some way, and so we focus a lot on rules. When it comes to Native sexual and gender minority communities, there is this notion that you grow up as a Native person and you learn early on that you’re not like White kids, you’re not like Black kids, because you’re a Native person. Similarly, as Native sexual and gender minorities move into adolescence, they begin to understand that they aren’t heterosexual or cisgender, and . . . not belonging to these groups is deemed to be bad. As a result, these youth have stigma and shame. They do a lot of things at this age and even into adulthood where they harm themselves because they feel deficient and less than.”

“ When you’re following your original instructions and you’re speaking your language, and have a community of people who are like you, in this case, we can call them Two-Spirits or sexual and gender minorities, there’s something magical that happens there that improves people’s health. It creates community and belonging. This sense of belonging is the medicine behind a community that keeps people well and healthy and doing the things that they need to do, while also at the same time shielding them from mainstream society which is so detrimental to our psychological and physical beings, because it’s pushing on us, rules, restrictions, and limitations that are not a part of our cultural being, our original instructions.”

— Quotes by Matthew Town, University of Portland

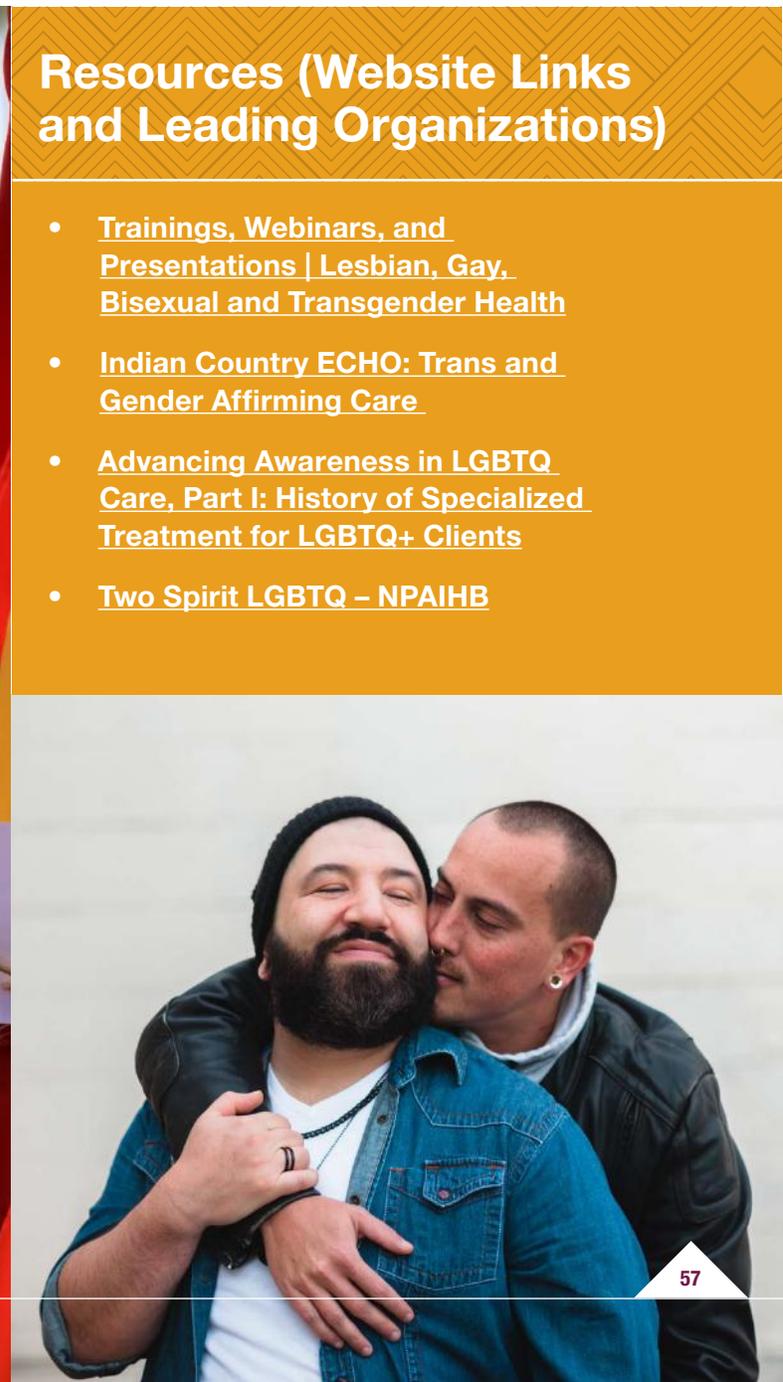
Expert Insight



Matthew Town, PhD, MPH, is a citizen of the Choctaw Nation of Oklahoma, behavioral scientist, and advocate. Dr. Town's research focuses on HIV and substance use prevention and treatment needs of AIAN sexual minorities as well as on social inequality, diversity science, and population health. Dr. Town is the Principal Investigator of the Native Access project, a NIH funded research project exploring the experience of PrEP initiation and sustained use among AIAN sexual minority men. Prior to his work in academia, Dr. Town served as Project Director for Tribal Epidemiology Centers in Rapid City, South Dakota. Currently, Dr. Town is an assistant professor in the MSW Program in the School of Social Work at Portland State University.

Resources (Website Links and Leading Organizations)

- [Trainings, Webinars, and Presentations | Lesbian, Gay, Bisexual and Transgender Health](#)
- [Indian Country ECHO: Trans and Gender Affirming Care](#)
- [Advancing Awareness in LGBTQ Care, Part I: History of Specialized Treatment for LGBTQ+ Clients](#)
- [Two Spirit LGBTQ – NPAIHB](#)



Crosswalk of Approaches for Supporting Native LGBTQ2S+ Communities

This crosswalk provides specific guidelines and suggestions on how to best support members of LGBTQ2S+ communities within AIAN communities. The crosswalk outlines common issues that members of this group may face and how providers can be responsive to address them in meaningful ways. The crosswalk includes considerations regarding communication, planning and implementation approaches for providers, and suggestions for evaluation with regard to access to services, connections to community resources, and ways to follow-up to ensure any issues are addressed.

We rely on [guidelines developed by the National LGBT Health Education Center](#), including [specific supports for Indigenous LGBTQIA+ individuals](#), to inform an equitable and respectful approach by promoting:

- Increased family and community acceptance and affirmation of LGBTQ and Two-Spirit identity
- Efforts to reduce anti-LGBTQ2S+ stigma and prejudice
- Efforts to reduce bullying and other forms of victimization
- Meaningful and respectful access to LGBTQ2S+-affirming physical and mental health care
- Improved legal protections from discrimination to promote wellbeing in our LGBTQ2S+ community

Native LGBTQ2S+ may be experiencing specific issues related to opioid overdose and misuse, which are also important for programs to consider. For example, Native LGBTQ2S+ community members might experience the real and / or perceived combined stigma of identifying as both LGBTQ2S+ and opioid users. They may face exposure to multiple types of trauma related to opioid use and the impact of mental health, while simultaneously seeking specialty supports specific to their gender identity and sexual orientation.

See in particular:

Casey, L., Reisner, S., Findling, M., Blendon, R., Benson, J., Sayde, J., & Miller, C. (2019). Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. *Health Services Research*, 54(6), 1454–1466.

Powell, C., Ellasante, I., Korchmaros, J., Haverly, K., & Stevens, S. (2016). ITEAM: Outcomes of an Affirming System of Care Serving LGBTQ Youth Experiencing Homelessness. *Families in Society*, 97(3), 181–190.

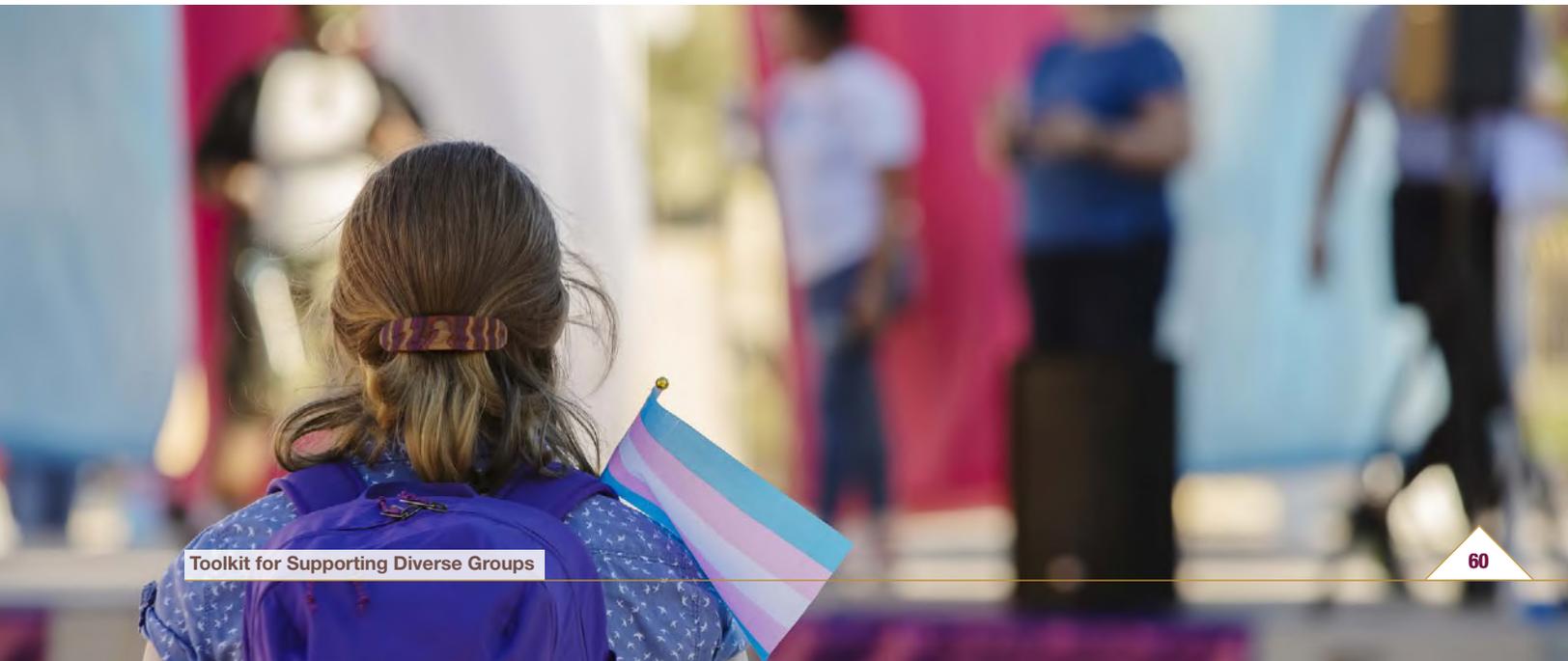
Supporting Native LGBTQ2S+ Community Members

	Ways to Improve Access to Services for LGBTQ2S+ Community Members	Opportunities for Provider Support to Address Common Challenges Facing LGBTQ2S+ Community Members	Strategies for Providers to Connect LGBTQ2S+ Community Members to Community Resources	Provider Follow-up to Ensure LGBTQ2S+ Community Members' Issues are Addressed
<p>Common Issues and Practices to Ensure Inclusiveness of LGBTQ2S+ Community Members</p>	<ul style="list-style-type: none"> • Be aware that LGBTQ2S+ may have experienced stigma, discrimination, and / or trauma exposures (past and present) and be prepared to address these issues if they are presented. • Provide training for providers and administrators to ensure LGBTQ2S+ community needs are met. • Provide accessible childcare. • Create and grow an accepting, affirming service environment to address real and anticipated harassment and / or micro-aggressions that may prevent service seeking. 	<ul style="list-style-type: none"> • Seek and provide education and training for departmental service providers to address misconceptions and bias on LGBTQ2S+ issues. • Adopt and enforce antidiscrimination policies. • Connect and make available CHEs or other providers trained in addressing issues salient for this community. • Develop and provide resources specific to this community. • Be aware of possible concerns about medications / interactions with hormone replacement therapy. 	<ul style="list-style-type: none"> • Handouts with contact info that youth can use immediately (wallet cards, magnets with toll-free resource numbers, websites, etc.). • Strategies for needs (childcare, scheduling around school and other commitments, etc.). • Development and dissemination of multisector partnerships (e.g., schools, legal, housing, health / mental health systems) to ensure comprehensive support and shared antidiscrimination policies and approach. • Intensive case management may be needed for some groups, including LGBTQ2S+ youth, youth facing housing insecurity, etc. 	<ul style="list-style-type: none"> • Develop robust data system to confirm needs are met (including, but not limited to, referrals to other programs, treatments, or services, patient satisfaction, patient follow-up on medications, etc.). • Offer peer support or other acceptable method of follow-up to ensure access to services. • Examine groups within the broader community to assess effectiveness for those dealing with substance abuse, lack of family support, housing and food insecurity, etc.



Supporting Native LGBTQ2S+ Community Members

	Ways to Improve Access to Services for LGBTQ2S+ Community Members	Opportunities for Provider Support to Address Common Challenges Facing LGBTQ2S+ Community Members	Strategies for Providers to Connect LGBTQ2S+ Community Members to Community Resources	Provider Follow-up to Ensure LGBTQ2S+ Community Members' Issues are Addressed
<p>Communication Considerations for Providers to Ensure Meaningful Services for AIAN LGBTQ2S+ Community Members</p>	<ul style="list-style-type: none"> • Ask LGBTQ2S+ community members whether they prefer a mix of private / public non-identifiable communications to ensure safety. • Review and confirm appropriate terminology to minimize offense and maximize comfort. 	<ul style="list-style-type: none"> • Provide assistance in obtaining / accessing communication (access to devices / Wi-Fi). • Develop opportunities for peer supports specific to LGBTQ2S+ community needs. • Consider group work to offer access to LGBTQ2S+ peer support networks. • Plan for sharing information using modes that work for LGBTQ2S+ community members (e.g., by word of mouth, handouts, electronic sources). 	<ul style="list-style-type: none"> • Identify tribal or other local resources for transportation or other needs. • Examine and provide connections to non-profit organization offerings that may be able to meet LGBTQ2S+ needs. 	<ul style="list-style-type: none"> • Conduct brief surveys to confirm modes / styles of communication are appropriate. • Check in with LGBTQ2S+ service recipients regularly to identify needs are met.

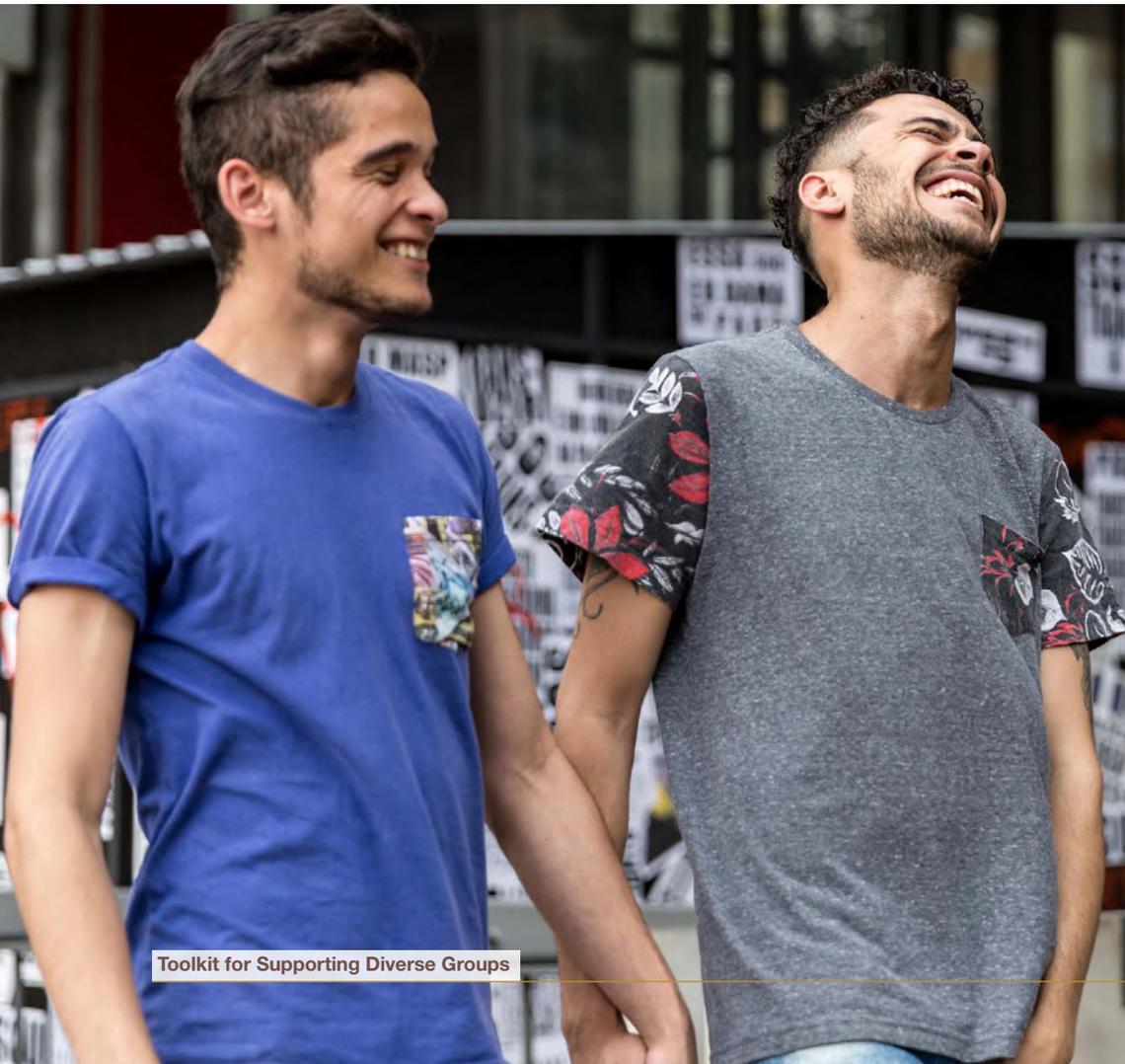


Supporting Native LGBTQ2S+ Community Members

	Ways to Improve Access to Services for LGBTQ2S+ Community Members	Opportunities for Provider Support to Address Common Challenges Facing LGBTQ2S+ Community Members	Strategies for Providers to Connect LGBTQ2S+ Community Members to Community Resources	Provider Follow-up to Ensure LGBTQ2S+ Community Members' Issues are Addressed
<p>Provider Planning Strategies to Ensure Inclusive Services for LGBTQ2S+ Community Members</p>	<ul style="list-style-type: none"> • Involve LGBTQ2S+ community members in planning process. • Seek confirmation of plan through advisory board or other expert group that includes members of this community. • Include opportunities to learn about cultural supports and how to appropriately build them into LGBTQ2S+ programming. 	<ul style="list-style-type: none"> • Consult with health / mental health / substance use experts to ensure LGBTQ2S+ participation. • Identify tribal or other local resources for transportation or other needs. • Consider staff training in motivational interviewing or other culturally compatible approaches to supporting program participants. 	<ul style="list-style-type: none"> • Develop partnerships with local programs to collaborate on communication and other shared efforts. • Identify grant and other resources to assist with implementation. 	<ul style="list-style-type: none"> • Develop a cross-walk of LGBTQ2S+ needs identified and the matched supports your program can offer. • Communicate the supports clearly to LGBTQ2S+ community members and specify which issues your program is aspiring to address.
<p>Provider Implementation Approaches to Meaningfully Engage with LGBTQ2S+ Community Members</p>	<ul style="list-style-type: none"> • Plan early to confirm cultural and other supports (e.g., affirming practices, gender neutral restrooms, asking for preferred pronouns). • Ensure LGBTQ2S+ community members participating in programming are not tasked with program implementation or other unpaid emotional labor. 	<ul style="list-style-type: none"> • Construct a network of social supports specifically equipped to support groups with limited family and other networks. • Consult with behavioral health experts to identify best practices for identifying and supporting LGBTQ2S+ community members' mental health needs. 	<ul style="list-style-type: none"> • Confirm program implementation supports and empowers LGBTQ2S+ community members. • Consult with national LGBTQ advocacy groups to assess how to ensure program services align with community needs 	<ul style="list-style-type: none"> • Build in continuous quality improvement (CQI) as a regular effort to confirm and improve program reach and fit for LGBTQ2S+ community members.

Supporting Native LGBTQ2S+ Community Members

	Ways to Improve Access to Services for LGBTQ2S+ Community Members	Opportunities for Provider Support to Address Common Challenges Facing LGBTQ2S+ Community Members	Strategies for Providers to Connect LGBTQ2S+ Community Members to Community Resources	Provider Follow-up to Ensure LGBTQ2S+ Community Members' Issues are Addressed
Evaluation Approaches for Providers to Ensure Feedback from LGBTQ2S+ Community Members	<ul style="list-style-type: none"> • Include evaluation of LGBTQ2S+ access to services provided. • Identify LGBTQ2S+ needs to ensure meaningful access. 	<ul style="list-style-type: none"> • Include satisfaction assessments to ensure perspectives from LGBTQ2S+ community members on support provided are identified and taken into account (may also include bias or stigma experienced). 	<ul style="list-style-type: none"> • Track referrals across programs to ensure LGBTQ2S+ community members are able to obtain necessary resources. • Share results across programs to ensure a culture of LGBTQ2S+ support. 	<ul style="list-style-type: none"> • Disseminate annual evaluation results among LGBTQ2S+ community members and advisory group to identify priorities as needs / experiences change.



REFERENCES // // // // //

- 86 Northwest Portland Area Indian Health Board. (2020). Trans and Gender-Affirming Care in IHS/Tribal/Urban Facilities: 2020 Strategic Vision and Action Plan. https://www.npaihb.org/wp-content/uploads/2021/05/Trans-and-Gender-Affirming-Care-2020-Strategic-Vision-and-Action-Plan_vClickable-v2.pdf
- 87 Grimstad, F., Wei, J., & Wenger, H. (2021, July). Indian Country ECHO Grand Rounds: Care of Gender-Expansive Patients https://cdn.indiancountryecho.org/wp-content/uploads/2017/01/Indian-Country-ECHO-GR_Final-Edits.pdf
- 88 Amico, J. (2021, June 18). Webinar: Advancing Awareness in LGBTQ Care, Part I: History of Specialized Treatment for LGBTQ+ Clients. https://www.naadac.org/assets/2416/2021_06-18_webinarslides.pdf
- 89 University of New Mexico LGBTQ Resource Center. (2017). LGBTQ 101, IHS series. https://www.ihs.gov/sites/telebehavioral/themes/responsive2017/display_objects/documents/slides/lgbt/lgbtq101.pdf
- 90 Walters, K., Evans-Campbell, T., Simoni, J., Ronquillo, T., Bhuyan, R. (2006), My spirit in my heart”: identity experiences and challenges among American Indian two-spirit women. *J Lesbian Stud*, 10(1-2):125–49. https://www.tandfonline.com/doi/abs/10.1300/J155v10n01_07
- 91 Harley, D. A., & Alston, R. J. (2016). American Indian, Alaska Native, and Canadian Aboriginal two-spirit/LGBT elderly. In D. A. Harley & P. B. Teaster (Eds.), *Handbook of LGBT elders: An interdisciplinary approach to principles, practices, and policies*. (pp. 135–158). Springer Science + Business Media. <https://nibmehub.com/opac-service/pdf/read/Handbook%20of%20LGBT%20Elders-%202016.pdf>
- 92 National Center for Transgender Equality. (2017, December). 2015 U.S. Transgender Survey: Report on the Experiences of American Indian & Alaska Native Respondents. <https://transequality.org/sites/default/files/docs/usts/USTS-AIAN-Report-Dec17.pdf>
- 93 Russell, S., Pollitt, A., Li, G., & Grossman, A. (2018, June). Transgender Youth Allowed to Use Their Chosen Name Have Fewer Mental Health Problems. Texas Population Research Center. <https://repositories.lib.utexas.edu/bitstream/handle/2152/65222/prc-brief-3-7-russell-chosen-name-use.pdf>
- 94 National Center for Elder Abuse. (2021, June). A Spotlight on Two Spirit Elders and Elder Justice Facts. https://ncea.acl.gov/NCEA/media/Publication/NCEA_TwoSpirit_FactSheet.pdf
- 95 Fieland, K. C., Walters, K. L., & Simoni, J. M. (2007). Determinants of health among two-spirit American Indians and Alaska Natives. In I. H. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual, and transgender populations*. (pp. 268–300). Springer Science + Business Media. https://link.springer.com/chapter/10.1007/978-0-387-31334-4_11
- 96 Johnson-Jennings, M. D., Belcourt, A., Town, M., Walls, M. L., & Walters, K. L. (2014). Racial discrimination’s influence on smoking rates among American Indian Alaska Native Two-Spirit individuals: Does pain play a role? *Journal of Health Care for the Poor and Underserved*, 25(4), 1667–1678. <https://muse.jhu.edu/article/561566>
- 97 Metheny, N., & Stephenson, R. (2020). Structural stressors and intimate partner violence in indigenous men who have sex with men in the United States. *Stigma and Health*, 5(4), 492–496. <https://doi.apa.org/doiLanding?doi=10.1037%2Fsa0000220>
- 98 Terrell, K., Zeglin, R., Palmer, R., Niemela, D., & Quinn, N. (n.d.). The Tsunamic Model of LGBTQ Deaths of Despair: A Systemic Review to Identify Risk Factors for Deaths of Despair among LGBTQ People. *Journal of Homosexuality*, Ahead-of-print, 1–21.

- 99 Progovac, A., Tran, N., Mullin, B., De Mello Libardi Maia, J., Creedon, T., Dunham, E., . . . Cook, B. (2021). Elevated Rates of Violence Victimization and Suicide Attempt Among Transgender and Gender Diverse Patients in an Urban, Safety Net Health System. *World Medical and Health Policy*, 13(2), 176–198.
- 100 Duncan, D., Zweig, S., Hambrick, H., & Palamar, J. (2019). Sexual Orientation Disparities in Prescription Opioid Misuse Among U.S. Adults. *American Journal of Preventive Medicine*, 56(1), 17–26.
- 101 Cochran, B., Peavy, K., & Robohm, J. (2007) Do specialized services exist for LGBT individuals seeking treatment for substance misuse? A study of available treatment programs. *Subst Use Misuse*. 2007;42(1):161–76. doi: 10.1080/10826080601094207
- 102 Kano M, Sawyer KP, Willging CE. (2016). “Guidelines for Conducting Research WITH LGBTQ+ Individuals and Communities in New Mexico.” Albuquerque, NM. NM CARES Health Disparities Center, Community Engagement Core, University of New Mexico. <https://hsc.unm.edu/programs/nmcareshd/docs/lgbtq-guidelines.pdf>
- 103 Henrickson, M., Giwa, S., Hafford-Letchfield, T., Cocker, C., Mulé, N., Schaub, J., & Baril, A. (2020). Research Ethics with Gender and Sexually Diverse Persons. *International Journal of Environmental Research and Public Health*, 17(18), 6615.
- 104 Town, M. A., Walters, K. L., & Orellana, E. R. (2018). Discriminatory distress, hiv risk behavior, and community participation among american indian/alaska native men who have sex with men. *Ethnicity & Health*. <https://www.tandfonline.com/doi/full/10.1080/13557858.2018.1557115>





Ways to Reduce Stigma and Build Inclusivity

We offer steps tribal and urban Indian programs can take to ensure diverse groups within our communities find the services provided welcoming and accessible. As a first step, team members can imagine walking through the enrollment and visit process as if you were a new patient to identify areas where changes may need to be made. For example:

- **Does the person who answers the phones ask open ended questions?**
- **Are there options for gender self-identification?**
- **Does the artwork / photos reinforce certain ideas or assumptions that may be stigmatizing?**
- **Is the program messaging affirming and taking into account diverse identities?**
- **Does the space itself feel safe and accessible?**
- **If the program explicitly states support for diverse populations, what services correspond with that support?**

These are just a few of the questions that may be helpful to build and strengthen inclusive approaches. Additionally, the following pages describe motivational interviewing style techniques that can be used to augment service provision.

Motivational Interviewing

At the provider level, training staff to use a motivational interviewing (MI) style or other affirming, non-judgmental approach can support trust-building and help-seeking among groups that may be dealing with complex trauma, stigma, discrimination, and other factors that limit access to care and support seeking. These tables provide examples of MI-style questions to support providers in grounding their work in open and affirming approaches to service delivery.

MOTIVATIONAL INTERVIEWING 

OPEN-ENDED QUESTIONS TO BUILD TRUST AMONG VETERANS 

<p>A female veteran is having trouble finding behavioral health supports that meet her needs.</p> 	<p>She says, “It’s no use. I can’t get in to see anyone, and even if I did, they don’t get me, my culture, or what I went through in the Marines.” You see she needs support and resources.</p>	<p>After reflecting on what she’s feeling, normalizing her experience can help. You might say, “You’re feeling alone right now, and at the same time, you know you could use support.”</p>
<p>A native family is concerned about their son, after he is discharged.</p> 	<p>His father shares, “He stays in his room all day, and I’m worried that he needs help. We’re not sure how to talk to him anymore, since he’s come home. I think he went through a lot.”</p>	<p>You might say, “Tell me more - could you both come in to talk, or can I call you?” Exploring possibilities can help connect veterans to needed support, including for family members.</p>
<p>An elder veteran would like support for traditional medicine access.</p> 	<p>He says, “I hear from other tribes that they offer traditional healing for veterans. I want to try that. I’m still dealing with things that happened to me, and I feel this could help.”</p>	<p>You might say, “What ways might be good for you to connect to a healer? What types of healing are you open to? How comfortable are you sharing your needs with me?”</p>

ACCESS HISTORICAL RESILIENCE & SEEK HEALING 

For more ideas and inspiration, visit: <https://youtu.be/4flm2gT3pWk> 

Motivational Interviewing (continued)

MOTIVATIONAL INTERVIEWING >>

OPEN-ENDED QUESTIONS TO BUILD TRUST



ELDERS

An elder is exhausted from caring for grandchildren



She says, “This one is really no good today. I don’t have time for this. If he doesn’t straighten up I’m going to have to give him up.”

You might say, “You feel like you’re running out of patience, and would like help to be able to take care of him.” If this matches her view, you could explore connecting them to resources.

YOUTH

Youth may have a hard time dealing with stress.



You might hear, “I don’t know,” or, “I don’t care.”

Helping youth unpack their feelings takes time. It might be helpful to engage them in a cultural or other enjoyable activity before diving into the details of what they need.

LGBTQ2S+

LGBTQ2S+ community members may experience limitations in access to services



A community member might say, “There’s no point — they won’t help me.”

Distrust arises from multiple exposures to aggression, ignorance, and hate.

First, try reflecting the frustration. Then it’s okay to ask, “What would the ideal support system look like?”

“What are ways we can make sure you have access to what you need to be healthy?”

ACCESS HISTORICAL RESILIENCE & SEEK HEALING <<

For more ideas and inspiration, visit: <https://casaa.unm.edu/download/nami.pdf>

Motivational Interviewing (continued)

Using this approach takes time, thought, and planning. Developing a check-in / brainstorming session with team members could be a useful practice to incorporate to share common issues and strategies, increase comfort with challenging assessment, as well as align overall approaches for consistency and quality.

What are some MI-inspired approaches to issues you see in your practice?

What are some culturally appropriate ways to unpack where they are at, and what they need?

What might you hear from veterans, or other groups experiencing high levels of stigma, stress, or trauma?

How might your approach shift to convey respect for differences in age, experiences, power, and confidentiality dynamics?

Do you inform individuals about confidentiality and limits to confidentiality, and encourage them to voice if they are not comfortable answering a question?

How can you balance fostering a safe environment for broad discussion, while also asking direct intake questions required to assess safety and service needs (e.g., substance use and suicidality)?



Information for Family, Friends and Caregivers

Understanding how addiction affects families, friends, and caregivers offers insight into needed supports, builds community capacity for opioid overdose prevention efforts, and may reduce the likelihood of generational trauma and substance misuse.

The effects of substance abuse on family, friends, and caregivers can be immediate and long-term and it is critical to ensure support is available to family, friends, and caregivers. Children (prenatal to age ten) who grow up in homes with a parent using drugs are more likely to develop substance use disorders in adulthood and are three times more likely to be neglected, physically-, and sexually-abused.¹⁰⁵ They can also experience delays in learning and develop mental and emotional disorders.¹⁰⁶ Children can develop guilt and self-blame and may develop feelings of unworthiness.¹⁰⁷ Preteens and teenagers (ages 11 to 18) are also more likely to use substances in adulthood if they grow up in a household with substance abuse. They may become overwhelmed by addiction and stressful home relationships and feel their only option is to run away.¹⁰⁸ Families may experience challenging dynamics such as side effects from withdrawal, strained relationships, financial hardships, poor school performance, exposure to other drugs, reckless behavior within the home, stolen money or valuable things, running away from home, and causing parental grief.¹⁰⁹

Families and communities can use these strategies to begin to address substance use issues and mental health needs among members of diverse groups in their community.

1

First, it is critical for the individual to be heard. Supporting them in a way that allows them to share their perspective helps validate what they are feeling and experiencing in this time of urgent need. It is also important to remember that family and friends do not need to solve every problem immediately. They simply need to be able to relate their experiences to a caring, supportive individual without judgment and without centering other experiences or perspectives.

2

Second, it is critical to normalize what they are experiencing and feeling. Depending on the situation and the individual, they may be feeling strong emotions that can impede their ability to ask for help. It is important to let them know that what they are experiencing is normal and expected, as well as challenging for anyone who finds themselves in that situation. This feedback allows them to reduce any blame and/or shame they may be feeling so they feel like reaching out for help is within reach.

3

Third, connecting them to resources that they are ready to access represents the final critical component to supporting individuals to receive the help they need. Making available key names and contact information represents only part of the equation. Individuals may also benefit from a warm hand-off from a friend or family member. Being present at the initial meeting can go a long way to making these resources more accessible to individuals in need. Following up with individuals with a check-in call or other communication can help boost the likelihood of engagement in the program or treatment they are participating in. These core supports provide the help needed to those who may feel isolated, mistrustful, and / or misunderstood.

Additionally, providers should keep in mind that AIAN communities include wide kinship networks and do not always adhere to a Eurocentric definition of a nuclear family. Although the systemic demolition of traditional kinship systems and family units through forced assimilation continues to affect AIAN families today, a resilient web of support remains.¹¹⁰ Native community strengths such as strong family and community ties, Tribal sovereignty, and resilience can help people achieve recovery,¹¹¹ and providers, families, and communities can help individuals in need make these connections to best support their health and wellbeing.

“WeRNative” suggests the following activities for individuals, families, and communities dealing with substance abuse:¹¹²

- Participate in traditions and grow your wellness
- Learn mindfulness meditation
- Keep busy: *do what will make you feel good at the end of the day and the next morning, too*
- Stay healthy — physically, mentally, and spiritually
- Journal
- Talk to a counselor, therapist, health worker, or sponsor
- Practice gratitude
- Build a sober network
- Go to 12-step meetings¹¹³

Acknowledging the far-reaching effects of substance abuse highlights the critical need to support the family and people surrounding an individual dealing with opioid addiction. Key takeaways include: 1) Culture is a key part of resilience for both individuals in recovery and the community supporting them; and 2) Ensuring family and community receive support can improve individual outcomes, reduce stigma and increase community support, and decrease the generational effects of substance abuse and opioid overdose.



Resources for Family, Friends and Caregivers

- Al-Anon www.al-anon.org and Alateen www.alateen.org are mutual support programs for individuals whose lives have been affected by someone else's drinking. There are a wide variety of groups available including groups for someone with an alcoholic partner, grandchild, sibling, parent, and friend.
- Alcoholics Anonymous www.aa.org is a fellowship for people who want to address their drinking problem.
- Adult Children of Alcoholics www.adultchildren.org is a Twelve Step, Twelve Tradition program for people who grew up in dysfunctional homes.
- Indian Health Services provides resources and links to provider trainings for Opioid support services www.ihs.gov/opioids/recovery/supportiveservices
- National Association for Children of Alcoholics www.nacoa.org offers answers to basic questions for families and children and online resources such as videos, letters, and related hotlines.
- National Council on Alcoholism and Drug Dependence www.ncadd.org affiliates across the U.S. offer support to both individuals and family members by working with them to assess the situation, and provide information and referrals.
- Narcotics Anonymous www.na.org is a fellowship society for recovering addicts to meet regularly and help each other stay sober.
- The Paths (Re)Membered Project centers the LGBTQ2S+ community. Through community engagement, research and advocacy, they work toward a liberated LGBTQ2S+ future, which includes the memories of Two-Spirit ancestors, the wisdom of elders, and the creativity of young people. Text LGBTQ2S+ to 97779 or ALLY to 97779.
- SAMHSA's National Helpline 1-800-662-HELP and www.samhsa.gov/find-treatment provide resources and referrals to local treatment options, support groups, and community-based organizations.
- Self-Management and Addiction Recovery Training (SMART) www.smartrecovery.org is a peer program to help participants deal with any addiction.
- WeRNative is a wellness resource for Native Youth that includes resources on mental health and substance abuse. www.wernative.org
- White Bison is a Native program offering sobriety, recovery, addictions prevention, and wellness / Wellbriety learning resources. <https://whitebison.org/>

REFERENCES // // // // //

- 105 Addiction Center. (2021). How Addiction Affects the Family. Retrieved September 2021 from <https://www.addictioncenter.com/addiction/how-addiction-affects-the-family/>
- 106 Addiction Center. (2021).
- 107 Addiction Center. (2021).
- 108 Addiction Center. (2021).
- 109 Addiction Center. (2021).
- 110 Killsback, L. (2019). A nation of families: traditional indigenous kinship, the foundation for Cheyenne sovereignty. *AlterNative: An International Journal of Indigenous Peoples*, 15(1), 34–43. <https://doi.org/10.1177/1177180118822833>
- 111 National Institutes of Health. (n.d.). 'To Walk in the Beauty Way': Treating Opioid Use Disorder in Native Communities. Retrieved in August 2021 from <https://heal.nih.gov/news/stories/native-cultures>.
- 112 WeRNative. (n.d.). Substance Misuse. Retrieved in September 2021 from www.wernative.org/articles/substance-misuse.
- 113 WeRNative. (n.d.). Substance Misuse.



Future Directions

This toolkit summarizes the existing behavioral health and substance abuse best practices for providing care to AIAN veterans, elders, youth, and LGBTQ2S+ communities to address opioid overdose prevention. It includes key findings from literature review, expert interviews with AIAN practitioners, and lists of available tailored resources available online. We recognize that it is not an exhaustive capture of all diverse groups or all nuances within these groups, and that the state of the field is changing rapidly with advances as well as in response to the global pandemic which began in 2019. This toolkit provides a starting point for mental health providers and tribal and urban Indian community providers to improve the access to and quality of care for these diverse community members who have important needs and face an array of challenges due to discrimination, stigma, and contextual issues.

In compiling this toolkit, the following gaps emerged:

- 1** Minimal available scientific literature regarding opioid usage and the AIAN diverse groups covered within this toolkit.
- 2** Limited data collection on the availability of services, specifically services for AIAN elders, LGBTQ2S+ and youth as well as how VA services may or may not be accessible for AIAN veterans.
- 3** Missing or misclassified data which may disguise the realities of usage among some of these diverse groups.
- 4** A need for research on promising practices to address the root causes of opioid prescription overuse including chronic health conditions rooted in social inequities.
- 5** Inadequate evaluation and support for promising practices and culturally tailored interventions, especially those that combine evidence-based principles with community specific beliefs, traditions, stories, and mentorship.
- 6** A lack of specificity or detail regarding culturally grounded work and programming. Current recommendations tend to use general references to cultural adaptation or tailoring without further explanations.
- 7** No available longitudinal studies of the impact of utilizing harm reduction principles, especially with AIAN youth.

To address the gaps in the research literature and online resources, community members and researchers can publish the results of their research and program evaluations. If these materials are private, providing an executive summary available online, paired with national announcements, to make the materials available to a wide audience of community members and practitioners would support the testing and implementation of best practices across tribal communities and urban Indian communities.

In utilizing this toolkit providers can:

- 1 Reflect on their role as an individual, as part of an organization, and as the broader community, and how they can effectively welcome diverse AIAN into their services.
- 2 Utilize the included matrix to ensure services provided are welcoming and accessible.
- 3 Identify the resiliency and strengths of diverse AIAN communities and how those can connect to recovery.
- 4 Consider how clients may identify with both the challenges and strengths included in this toolkit. Are there questions here that providers can ask to better understand their clients without making assumptions?
- 5 Be prepared to identify why some of these groups may be at high risk for opioid overuse without engaging in prejudiced or stigmatizing service provision.
- 6 Better understand the barriers to care and risk factors such as transportation, unconventional responsibilities (especially elders caring for grandchildren), cultural mismatch, limited culturally-based resources, and the source of previous trauma including historical trauma.
- 7 Work with their organizations to provide education and training for screening, welcoming, and supporting AIAN experiencing these multiple factors.
- 8 Explore positive intervention techniques such as Motivational Interviewing to explore clients' intrinsic motivation towards healthy behaviors while supporting their autonomy.

To better serve these community members, providers can integrate these approaches into programming and address the specific needs of these community groups in their work. Providers can evaluate their efforts and make recommendations about how to best tailor support for these communities to community leaders and policy makers. Providers can also disseminate efforts at multiple levels, and seek input from community members to inform ongoing efforts.

In alignment with Indigenous wellness and holistic understandings of health, the overall aim of this toolkit is to support tribal and urban Indian communities in providing affirming, supportive environments and services for groups who need specialized care. Growing our community connectedness has always been a traditional focus for our communities, and the content provided in this toolkit may help your community map out the approaches that work best for you and the environment within which your programs operate. **Taking the time to work through how to best address unique needs for important groups in our communities will help ensure the healing journey is available for everyone who needs care and secures a strong resilient future for the next generations.**



Appendix

Key Informant Interview Questions

Seven Directions has the aim of supporting tribes and urban Indian serving organizations with tailored and inclusive opioid overdose prevention programming resources for diverse AIAN groups; such as (a) LGBTQ2S+, (b) youth, (c) elderly and / or (d) veterans.

Traditional support services might not meet the needs of these groups, and especially for those whose additional identities intersect, who face stigma and stereotypes due to their identities. The purpose of this interview is to identify available inclusive tailored resources, gaps and needs, and to illuminate additional approaches in strengthening inclusive programming for tribal opioid prevention work. Those who will benefit from this work will be clients, caregivers, and providers within the tribal care coordination system.

- 1 To begin with, what diversity factors does your organization consider when providing opioid-related support services? How do you assess for client and family member / caregiver diversity factors during intake and treatment?**

As mentioned above, we are focusing on Native peoples who are either users themselves or are family members and caregivers who identify as (a) LGBTQ2S+, (b) youth, (c) elderly and / or (d) veterans.

- 2 When accessing and utilizing opioid-related recovery services are there patterns of strengths and / or challenges that you have observed for these populations? (LGBTQ2S+, youth, elderly, veterans) [Probe: by group]**
- 3 Does your organization have specific outreach and / or recruitment strategies to target LGBTQ2S+, youth, elderly or veteran populations? [Probe: which group].**
- 4 Does your organization provide specialized services or resources for clients and / or family members / caregivers who identify as LGBTQ2S+, youth, elderly, veterans? [Probe: which group].**
- 5 What do you see as your organization's strengths in meeting diversity needs of the clients and families you serve? And what do you find to be difficult or areas you would like to improve? Are there certain resources that you use that you would like to share with other tribes? Are there certain resources we could provide you with to aid in meeting the needs of these diverse populations?**