televëda

Project Hózhó's First 6 Months

VIRTUAL TALKING CIRCLE & STORYTELLING INTERVENTIONS

To Prevent Suicide Among Native Veterans

CONTENTS

Project Hózhó's First 6 Months:
Virtual Talking Circle & Storytelling Interventions to Prevent Suicide Among Native Veterans

Executive Summary

Televeda's Project Hózhó is the first culturally relevant mental health app with a comprehensive operational plan for scaling to reach American Indian and Alaska Native (AIAN) populations on reservations and in urban areas. Through the VA's Fall 2022 Mission Daybreak competition preparation phase, Televeda designed a prototype of the tool for Navajo veterans, in partnership with AIAN veteran communities. With iterative feedback, Televeda is adapting and expanding it for use with other tribes. The solution incorporates traditional healing practices like storytelling and talking circles with a telehealth platform as an accessible and culturally relevant approach to reduce suicide rates among Native veterans and to improve their access to resources of the U.S. Department of Veteran Affairs (VA).

Since our first prize award in January 2023, we have been engaged in "Oper-Relational" development – that is, developing relationships and operational strategy -- to scale our capacity to reduce social isolation among Native veterans. Social isolation has been identified as a key indicator in many other health outcomes; studies show that reducing feelings of isolation and loneliness improves mental health outcomes.[1] In the long-term battle against suicide, focusing on social connectivity to improve mood and reduce depression can begin our path in that direction.

Televeda is more than just an app. Our success has come from developing broad and deep relationships.

Televeda is more than just an app. As a telehealth company focused on scalability and sustainability, our success has come from developing broad and deep relationships with key stakeholders from the start. We know that relationality, restoring trust, and honoring Native sovereignty are key in working with Native nations. For those reasons, we have invested our first six months in developing an operational strategy that is user-informed, community-based, and culturally sensitive to each Native nation.

Televeda is committed to conducting diligent research to ensure that our technology and the mental health interventions that we help deliver are safe, effective, and meet the needs of the Native veterans whom they are designed to serve. To begin our first dedicated research effort, we have launched an IRB (Institutional Review Board) process with the Lakota Tribe in Rapid City, SD. Because traditional healing methods are often studied in a different way (to account

[1] Office of the Assistant Secretary for Health (OASH). 2023. "New Surgeon General Advisory Raises Alarm about the Devastating Impact of the Epidemic of Loneliness and Isolation in the United States." Press Release. HHS.Gov. May 3, 2023. https://www.hhs.gov/about/news/2023/05/03/new-surgeon-general-advisory-raises-alarm-about-devastating-impact-epidemic-loneliness-isolation-united-states.html.

for distinct Indigenous worldviews) and because their holistic impact is not well captured by conventional Western medical research and clinical trials, Televeda will be conducting respectful, culturally sensitive research that will lead to greater scientific understanding of these traditional practices. We hope this will lead to: (a) more opportunities for tribal members to access their preferred form of healthcare, including traditional practices, and (b) a reimbursable model, enabling a reliable mental health resource with few to no barriers for tribal members.

In parallel with the first phase of intervention research, we will engage Native veterans to explore Televeda's virtual social programs and build awareness of Televeda as a helpful tool. With learnings from the storytelling intervention and the user experience of the social programs, we can build and launch our full product, which will then be studied in its full capacity.

Understanding Native Veteran Needs and Perspectives

In order to best serve Native veterans, it was important for us to capture the history and current challenges they face in receiving care.

Military Service and Mental Health

AIANs serve in the United States Armed Forces (USAF) at a rate **five times greater** than the national average and at a **higher rate than any other ethnic group**.
Native veterans are less likely to have known mental health diagnoses, even though they have the highest rates of post-traumatic stress disorder (PTSD) and suicide compared to all other veteran groups.

VA Relationship

67% of Native veterans do not use VA mental health services. Native veterans feel alienated from VA resources due to distance and government mistrust.

Use of Traditional Practices with Western Medicine

No existing scalable solution for Native veterans incorporates their preferred traditional mental health practices, which are validated methods of treatment. Tribal practices honor healing as a community -- in relationship -- over individual treatment.

Our Approach

Based on our research and interviews, we have developed an approach that is:

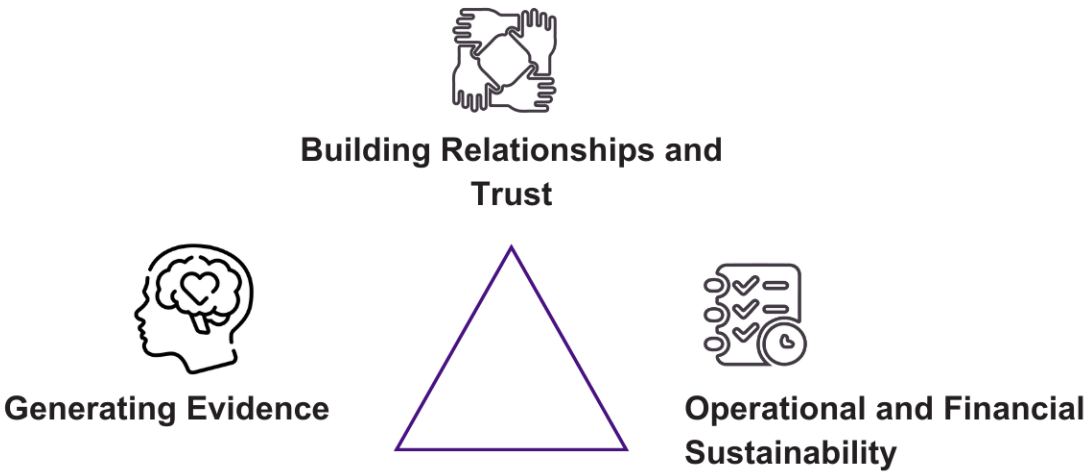
(1) Approachable: We will be creating a meaningful choice for Native veterans by offering Storytelling and Virtual[2] Talking Circles. Through our IRB-vetted research, we will be generating an evidence base to prove they are effective.

(2) Accessible: We will provide remote access to traditional healing as desired.

[2] We are considering also providing remote phone access.

Below we outline our implementation plan and progress. We follow three pillars of "Oper-Relational" development:

Pillars of our "Oper-Relational" development



I. Building Relationships & Trust

1. Trust-building with Native nations:

We have focused on building solutions respectfully and appropriately. One of our primary efforts is respecting tribal data sovereignty. We have had conversations with tribal elders, area Indian Health Boards, and Tribal Epidemiology Centers, among others.

2. External operational partnerships:

We have developed successful collaborations with the Arizona Department of Veteran Services (ADVS), the Arizona Department of Health Services (ADHS), and more. They have provided insight and early learning. (See “Relationships” diagram on page 8).

II. Operational & Financial Sustainability

1. Internal capacity-building

We have added key team members and collaborators. We have created a Tribal Advisory Council, set up by researchers who are Native veterans, to guide our research strategy.

Hiring from each Native nation with which we work: We have hired “tribal liaisons” from each nation to act as key contributors to our efforts by ensuring appropriate messaging, engagement, and understanding of user needs. We will hire “tribal facilitators” who will facilitate the talking circle and storytelling intervention in each local tribe.

2. Digital inclusion and empowerment

We are providing tribal nations with leapfrogging technologies, low-tech solutions and infrastructure access (to match what is most available on reservations), and training for digital literacy and empowerment. We are engaged in tribal and rural connectivity projects with Arizona state partners for hardware, broadband, and digital literacy programs.

3. Financial support

We are actively exploring multiple options to ensure financial support and Project Hózhó’s sustainability, including a path to reimbursement, contracted support, and tribal support as potential directions.

III. Generating Evidence

1. Culturally appropriate intervention and evidence base

We are designing research that will define and enhance culturally validated measures of (1) mental health distress and (2) the outcomes of traditional practices. These will benefit all Native nations.

2. Safe development of the intervention

We separated the development of the storytelling intervention from the testing of engagement within Televeda’s digital platform. This will allow us to first conduct the storytelling intervention in-person, with local clinical support on hand. Further, we will better understand user engagement with the platform and user needs as we develop our final product.

I. Building Relationships & Trust

1. Trust-Building with Native Nations

We are using an upstream approach to suicide prevention in which the first step is building trust. Building trust in this case has three key elements: purposeful and ongoing research and inclusion in product design, building rapport, and data sovereignty. Native nations in the U.S. historically have had widespread distrust of U.S. government institutions, including the VA, due to the deep historical roots of ongoing colonialism: "Abandonment and broken promises by the system have been the general experience so trust has to be earned over time."[3] Further, "solutions" or offerings for Native communities have often been built from a Western worldview, a bias that does not account for the traditions and needs of a culture with deep roots in healing practices.

Because of this, it is imperative that we prioritize first building trust by developing our research interventions in collaboration with the elders and leaders of tribal nations. We are using mental health and public health experts as support for safety measures so as to not cause adverse effects. Having our research plans vetted by Lakota Nation's IRB process is a pillar of our trust-building protocol and will also ensure safety. This process allows us to deeply understand the needs of tribal communities. As a result, we are set up to build solutions that truly meet their needs.

Finally, **respecting Native nations' data sovereignty and establishing data sharing agreements with each tribe is a vital element of our project.** Corporations that seek to practice socially informed decision-making about corporate data products have asserted "the importance of direct input from Indigenous peoples in the process of data collection."[4] We seek to set the standard of Indigenous data sovereignty: to be a responsible, ethical corporate model. We are committed to establishing data sovereignty agreements with each of the Native nations we work with.

Native nations know that their traditional practices of storytelling and talking circles work. However, for many reasons (including considerations of sovereignty and differences in worldview), these traditional practices have not been subjected to Western forms of clinical research and the strict "evidence-based" mechanism that CMS and the VA want for "reimbursements." Therefore, part of our relationship-building is also to help get Native nations' input on studying these traditional practices *as mental health interventions* in accordance with the Western mechanism – in order to meet the needs of all systems and partners involved.

2. External Operational Partnerships

[3] Daily, R. S., Vana, G. B., Andrade, J. K. L., & Pruett, J. (2022). Evaluating native youth: Issues and considerations in clinical evaluation and treatment. *Child and Adolescent Psychiatric Clinics of North America, 31*(4), 779–788. https://doi-org.ezproxy.cul.columbia.edu/10.1016/j.chc.2022.06.008

[4] Intel Corporation. "What That Means with Camille: Indigenous Data Sovereignty." 2023. *InTechnology podcast*, Episode 128. Accessed June 26, 2023. https://intechnology.intel.com/episodes/indigenous-data-sovereignty/

Native Nations & Indigenous / Community Organizations

- Navajo elders
- Veteran Service Organization (VSO) partners:
  - Southwest Navajo Veterans Organization
  - Navajo Chapter President for Dilcon
  - Teesto Veterans Association
- Winslow Indian Healthcare Center (WIHCC)
- IHS (Indian Health Service)

Televëda (hired with Mission Daybreak award)

- Scientific Officer: Czarina Aggabao Thelen, PhD (Tagalog/Ibanag)
- Senior Product Designer: Amy Doermann (Lakota)
- Tribal liaisons working with the Navajo Nation: Kyle Mitchell (Navajo)
- Tribal liaisons working with Arizona tribes: Melody Marks[b] and Holly Figueroa (Hopi)
- We will also work with younger Native veteran volunteers to assist with digital literacy training
- Operations Sustainability: Kimber Tower, MPA (pathways of revenue and contract vehicles with IHS, reimbursement, VA, governors' funds)

Research Partners

- **Black Hills Center for American Indian Health**[a]
  - On-site interviews with Navajo veterans
  - IRB with The Lakota Nation
- **Curriculum design and research**
  - Dr. Renda Madrigal (Turtle Mountain Chippewa): Clinical psychologist
  - Dr. Roger Walker (Cherokee): Native veteran & Professor of Psychiatry and Preventive Medicine, One Sky Center
  - Wayne Tormala: Veteran, facilitator, ADHS ret. Bureau chief
- **Flinn Foundation: Consultant services**
  - Bhupin Butaney, PhD: Clinical psychologist & Associate Program Director, Midwestern University, AZ

Government partners

- VA: Mission Daybreak award
- VHA: Greenhouse INET Pilot Program (awaiting CRADA & Statement of Work)

- Arizona Department of Veterans' Services (ADVS): Pilot
- Arizona Department of Health Services (ADHS): Contracted

- Arizona Commerce Authority's Broadband Committee on Digital Inclusion: helping with federal-to-state broadband funding and policy

[a] BHCAIH: a non-profit Native health organization composed of Navajo and Lakota public health professionals who come from a family of traditional healers trusted within the Navajo community.

[b] Owner, Indigenous Community Collaborative.

II. Operational & Financial Sustainability

1. Internal Capacity-Building

See "Televeda's new staff" on page 6.

2. Digital Inclusion and Empowerment

Tribal digital infrastructure development:
We are providing tribal nations with leapfrogging technologies like broadband, low-tech solutions and infrastructure access (like radio and telephone components of our services, to match what is most available on reservations), and training for digital literacy and empowerment. Current partnerships include:

- Tribal and rural connectivity projects with Arizona state partners (Arizona Department of Veterans' Services, Arizona Department of Health Services) for hardware, broadband, and digital literacy programs.
- Arizona Commerce Authority's Broadband Committee on Digital Inclusion
- AT&T on broadband infrastructure.

Televeda platform development: We are making back-end security infrastructure developments to ensure service is compliant with HIPAA, SOC-2 and NIST.

3. Financial Support

We have hired a specialist experienced with funding tribal social services and models to ensure tribal members are financially supported. Summer and Fall 2023 are dedicated to a deep dive in understanding all funding paths available to tribes in this context and in building a strategy to support a strong path to financial sustainability.

III. Generating Evidence

1. Culturally Appropriate Intervention and Evidence Base

Televeda's researchers have advised us to use a "historical trauma" [5]**-informed lens.** Recent scholarship has noted, "In recent decades, there has been increasing attention on how trauma, both historical and contemporary, shapes the lives of Native Americans. Indigenous scholars urge recognition of historical trauma as a framework for understanding contemporary health and social disparities."[6]

[5] Maria Yellow Horse Brave Heart Ph.D., Josephine Chase Ph.D., Jennifer Elkins Ph.D. & Deborah B. Altschul Ph.D. (2011) Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations, Journal of Psychoactive Drugs, 43:4, 282-290, DOI: 10.1080/02791072.2011.628913

[6] Weaver, H. (2019). Trauma and Resilience in the Lives of Contemporary Native Americans: Reclaiming our Balance, Restoring our Wellbeing (1st ed.). Routledge. https://doi-org.ezproxy.cul.columbia.edu/10.4324/9781315109961

Televeda has started to develop **Indigenous-led culturally relevant programming and research design and methods.** Our approach builds off the traditional practices of storytelling and talking circles as well as Indigenous psychosocial support systems (like family[7] and community) that have been part of Native culture—a culturally based, "strengths based" approach.

A significant body of research has demonstrated that Western evidence-based mental health treatments are not effective for AIANs when not culturally specific. On the other hand, there is growing evidence that "demonstrate the strength of culturally specific mental health interventions for American Indian youth."[8] Asher BlackDeer et al. state:

> Future research should seek to evaluate promising practices for American Indian youth in order to increase available research-supported interventions. Additionally, future endeavors should seek to combine both Indigenous and Western approaches to practice with a particular focus on holistic wellness. (2020: 49)

Project Hózhó has been supporting Indigenous cultural continuance through building culturally meaningful evidence about traditional medicine and wellness. Televeda seeks to support Indigenous elders and nations with their interest in continuing their traditions and ages-old wisdom through our livestreaming of a traditional storytelling approach to wellness. Through our community-engaged studies, with a mix of in-person and digital interactions and research methods, we plan to create more culturally significant measures of "loneliness," "existential isolation," and "social isolation" down the road.

2. Safe Development of the Intervention

We are starting with two key research phases with safety and iterative product development in mind prior to product launch in Phase III. In Phase I, we have separated the intervention from the operational testing of the platform. The intervention will then be adapted for the platform and full product research in Phases II and III.

Phase I: Develop curriculum and in-person storytelling intervention with concurrent platform testing.

Phase II: Deploy storytelling intervention on Televeda's digital platform.

Phase III: Launch intervention based on Phase I & II user experiences and feedback.

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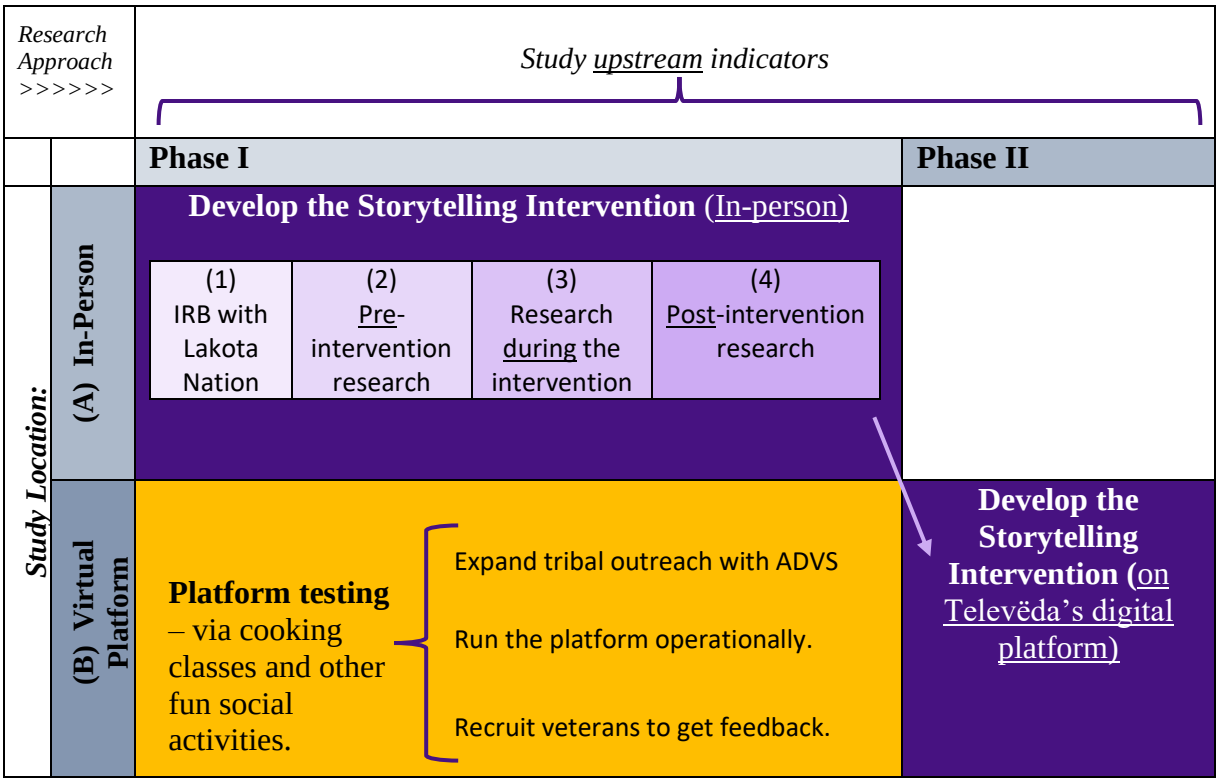
[7] Burnette, Catherine E., Rebecca Lesesne, Chali Temple, and Christopher B. Rodning. "Family as the Conduit to Promote Indigenous Women and Men's Enculturation and Wellness: 'I Wish I Had Learned Earlier.'" *Journal of Evidence-Based Social Work* 17, no. 1 (January 2, 2020): 1–23. https://doi.org/10.1080/26408066.2019.1617213.
Liddell, Jessica L. "'Treat Me like Your Family': Positive Factors That Influence Patient-Provider Relationships for Native American Women." *Social Work in Public Health* 38, no. 3 (April 3, 2023): 221–34. https://doi.org/10.1080/19371918.2022.2127434.

[8] Asher BlackDeer, Autumn, and David A. Patterson Silver Wolf. "Evidence Mapping: Interventions for American Indian and Alaska Native Youth Mental Health." *Journal of Evidence-Based Social Work* 17, no. 1 (January 2, 2020): 49–62. https://doi.org/10.1080/26408066.2019.1624237.



PHASE I of the intervention research is an in-person testing of the intervention approach itself (storytelling and talking circles curriculum, now in its IRB process) which allows for additional social support during the intervention through the local VA clinic. Our aims will be to (1) measure engagement and adoption of regular storytelling sessions and (2) learn and document the best practices for creating a safe and secure space for healing.

Participants will complete a baseline, midway, and post-session survey to allow us to measure key social outcomes:

- Baseline assessment of attitudes and preferences as well as experience (or lack) of belonging, meaning, and separation/alienation in order to develop a culturally meaningful measure and definition of "loneliness" and "isolation."

- Mixed methods research throughout the implementation of the intervention to understand how and why it is working.

- Endpoint survey to reassess attitudes and preferences related to the intervention.

Our timeline for the Phase I IRB approval process is approximately 6 months for the Lakota Nation. It was launched in late May 2023 with an expected approval in September or October 2023. As of today, in partnership with Black Hills Center for American Indian Health (BHCAIH), we have:

- Identified six Lakota community members to serve on our Tribal Advisory Board.
- Identified a Lakota elder to conduct the ceremony for the project (September 2023).
- Drafted our initial IRB Aims document and are in final review stages.
- Have received support from two Rapid City veteran and mental health organizations that will provide letters of support.

As discussed above, we believe that it is better to be safe than fast. This will help us set up respectful relationships for the long-term and establish the foundation for our data-sharing agreements. Our highly collaborative partnership with BHCAIH in South Dakota and Dr. Renda Madrigal, a psychologist and storytelling expert, will be integral as we develop Televeda's IRB proposal and curriculum.

Concurrently, we will operationally test the Televeda platform in Indigenous contexts to assess how well it meets Indigenous needs. On the platform side, we will explore and pursue the following:

- Expand tribal outreach with ADVS.
- Run the platform operationally. We will enroll veterans with fun, culturally appropriate community-building activities to understand engagement with the platform.
- Recruit veterans to get feedback on the hybrid platform and the tribe-specific cultural modifications.

PHASE II will apply the intervention studied and validated in Phase I onto the Televeda Platform to enable virtual use. This will allow us to test the intervention on the digital platform, focusing on upstream indicators of risk for suicidality.

Phases I-II will be focused on setting up, clarifying, and defining the product and infrastructure. We will get access to events for Native veteran participants, introduce the storytelling intervention, and reconnect them with elders and group traditions.

After the livestreamed version has been well-implemented, with trust among all parties, **PHASE III** will formally launch the storytelling intervention via the Televeda platform to multiple Native communities. At this point, we will aim to begin to offer our services at no charge to other tribal nations.

Next Steps for 2H 2023

1. **Tribal IRB approval process and tribal data sharing agreements.**
2. **Offer the Televeda platform to Native veterans for fun, community-building programs. UX research of the platform and programs.**

3. **Explore the value of a machine learning recommendation engine / AI to (a) address historical barriers to AIAN "access to care" and (b) improve Native veterans' access to care.**

4. **Platform tooling**

For data collection and the AI recommendation engine, we are planning for robust platform tooling to ensure we meet the standards of data privacy and security for HIPAA, our data sovereignty values, and our IRB agreements.

5. **Financial sustainability**

Televeda has presented our pilot project before the Veterans Health Administration Innovators Ecosystem (VHA IE) for the iNET Greenhouse Initiative. We are awaiting CRADA and the statement of work for the pilot study.

We are working on various federal grant and contracting vehicles (via our Sustainability consultant), including developing pilot projects with behavioral health systems on tribal land through 638 contracting and the IHS.

We are developing our local state partnerships, including the Arizona Commerce Authority (ACA)'s Broadband Committee on Digital Inclusion. Finally, Televeda is exploring NIH and NSF funding opportunities.

Interested in learning more about Televeda's Project Hózhó?

Contact us here.