

Indigenizing Health Career Pathways Across Generations: A Closer Look at Instruction and Practices in American Indian and Alaska Native Education

Transcript

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>>Kris Palmer: Welcome, everyone. I'm Kris Palmer, a senior associate with Social Policy Research Associates and a technical assistance provider for the LEAD Center. The LEAD Center is led by the National Disability Institute and is funded by the Office of Disability Employment Policy, or ODEP, at the U.S. Department of Labor. Together, we facilitate the adoption integration of inclusive WIOA programs, policies, and practices through research, technical assistance, and demonstration projects. On behalf of the LEAD Center, I will get us setup with some logistics before you are welcomed by today's esteemed moderator. We are glad to have you join us today to learn more about indigenizing health career pathways across generations, a closer look at instruction and practices in American Indian and Alaska Native education. So, here, we have a little housekeeping to take care of. To ensure that everyone can fully participate in today's webinar, we'd like to take a moment to share some of these tips. We're live-captioned, and the captions will appear below the slide deck. You also have the option to open the captioning web page in a new browser, and the link has been posted in the chat or will be momentarily. Once the captioning window opens on your system, you can adjust the background color, the text color, and the fonts using the drop-down menus at the top of the browser window. We suggest you position the window to sit right on top of the embedded captioning to allow you to see the screen itself. We encourage you to ask any questions that you might have as we present today, and, at any point, you can click the Q & A button that should be there either at the bottom or the top of your screen. There's a Q & A button in Zoom, and you can type your question in. And our moderator will be taking a look at those at the end. After everyone speaks, she will be able to ask the questions of whichever speaker that you want it directed to. All right, so now, let's begin the dialogue. I'd like to introduce you to our moderator today. Kawehi Brandow is from Hawaii and has lived also on the Navajo reservation in New Mexico. Her mother is full-blooded Kānaka Maoli, and her father is from New Mexico. She attended the Native American Preparatory School in New Mexico for high school and completed her BA at the University of Hawaii at Manoa in Native Studies. She's currently completing her MBA with a focus on Native American Leadership from Southeastern Oklahoma State University. Her background is in leadership, consulting, training, and education. So, take it away, Kawehi.

>>Kawehi Brandow: Greetings, everyone. I am Kawehi, your moderator today, and I wanted to share a couple of points before we get started. My father, my grandmother, and, possibly, my great grandfather were residential school survivors. We're living in a generation that can make change: indigenizing curriculum, indigenizing the workplace, and indigenizing our every-day life as we know it. Please allow this to be a safe space,

to reconcile the grief and trauma we have endured as indigenous people, a place to empower ourselves as we take a deeper look into how to consciously redesign our future. In contrast to what has been taken from us, spiritually, physically, and mentally, the work we're doing today represents the medicine that we need for our people. Our culture, indigenizing our pathways, is medicine. Indigenizing spaces, integrating our culture may be the vehicle that our elders and new generations need to feel successful in today's society. Intergenerational trauma is a reality in my own life. It is imperative that we demand what we need in this world. This conversation also extends to my Hawaiians, and as a Navajo and Hawaiian, I'm so grateful to be a part of this. Please open your hearts and spirits in this journey together. Next, we will be welcomed by the U.S. Department of Labor, Theresa Lujan. Theresa has extensive experience as a career public servant in the federal government for over 29 years, working in the Department of Labor's Office of Federal Contract Compliance Programs, OFCCP. She is the branch chief of OFCCP's customer service help desk, which responds to thousands of customer inquiries each year. Theresa also serves on the DOL's diversity, equity, inclusion, accessibility board as the career liaison for the White House. Initiative on Native Americans and Equal Opportunity on Advancing Educational Equity Excellence and Economic Opportunity for Native Americans. Take it away, Theresa.

>>Theresa Lujan: Good morning. I'm on the West Coast. And good afternoon, and thank you. On behalf of the Department of Labor, acting Secretary Julie Sue, and the Tribal Liaison Office, we want to thank each of you for joining the fourth and final webinar in the series. These events are critical to uplifting our tribal communities by identifying pathways to careers and healthcare that pay a livable wage. The department would like to recognize the great work the LEAD Center and our Office of Disability Employment Policy are doing to serve Native American communities and individuals with disabilities. Thanks to each of you for your work that you do and the partnerships you create. Please enjoy today's session and let us know how we can support your efforts. I'll turn it over to you, Kawehi.

>>Kawehi Brandow: Thank you, Theresa. So, today, you will hear about indigenizing nursing and health careers from an elder and a son, from workers and mothers, from college students and scholars, and from people supporting young people in high school on their journey. We hope you will gain a better understanding about how indigenizing education and training lead to greater inclusion and success, and we hope you will learn specific practices to increase successful health pathways in college and career. This webinar is part of a whole series. The purpose is to inform workforce and education systems, including American Indian and Alaska Native communities, including tribal colleges about resources and practices that support American Indian/Alaska Native students in reaching their college and career aspirations. The dialogue has been a collaborative effort between the White House Initiative on Advancing Educational Equity, Excellence, and Economic Opportunities for Native Americans and Strengthening Tribal Colleges and Universities, the U.S. Department of Labor's Office of Disability Employment Policy, or ODEP, and the U.S. Department of Education. Today's event is the fourth and final in this series. Now, here to introduce our next speaker in the Lakota way is Jim Warne.

>>Jim Warne: Thank you so much for allowing me to introduce my mother. My name is Jimmy Warne. I'm an administrator affiliate with the Center for Disabilities where we created a sister program to our People Circle. These are two indigenous disability programs focused on serving our tribal members. We've been a partner with ODEP and Labor and Education with these webinars, and it's been wonderful to be able to include my mom. Actually on my presentation during the third series, I had my mom introduce herself, and everybody wanted more of her information. So, I'm so pleased and honored to introduce my mom. I love you very much, and thank you so much for doing this for used today. Beverly Warne, you may take it away.

>>Beverly Warne: Thank you, son. I appreciate your beautiful introduction. My name is Beverly Warne, and I am—oh please, next slide. Hello? We have the next slide, and the next slide. There we are. So, this is me. I'm sorry, my camera wasn't working today] but I am the mentor and founder of the Native American Nursing Education Center at South Dakota State University. And our office is in Rapid City, South Dakota, and this is the name of our program that we named. And part of our work, of course, is what this webinar is all about: indigenizing health career pathways across generations. So, this is the way we do it here at SDSU in Rapid City. This is our logo. It's the four ways that we assist our student nurses. All of our students are Native. Majority are Lakota. We assist them financially, which is huge, so they can focus on their academic work, and we support their efforts through cultural and social ways, as well. So, this depicts the balanced way of living that we have in our culture. So, the four areas of support is financial, and that includes funding for not just scholarships but also, gift cards, and other ways of taking the stress off of students. The next slide is the academic way of support. A couple pictures of our students. We do the advising, tutoring, mentoring. We have resource room. We have study pods, and we support them at conferences to present. The social way: this is one of our rooms at our center. It's a lounge where they can come and rest and relax. There's a little refrigerator and microwave in the corner there, and we always have food available. And we don't exclude our families, our children, our friends. They can consider our place their home. Our cultural way of support: at the end of the nursing program, when these four students were graduating, we offered them the honoring ceremony, and each one of them could choose a color of their circles. And here on the lower picture, is our first male graduate in our program, and he will be graduating this semester. Native American Nursing Education Center. Now, these are the seven traditional values of the Lakota, and I'll just read the words, and you can look at it later for the definitions. But fortitude is one, and these are all seven directions. The four main ones are fortitude, wisdom, courage, and generosity, and then, the fifth direction is honor. And the sixth direction is respect. And the final direction is humility, and that's within every one of us. We all have humility within our core of who we are as indigenous people. So, we created this atmosphere here at South Dakota State University where students could feel beautiful and meaningful in terms of who they are as indigenous. This includes cultural reference points with art, quotations, decor, things that are familiar to students, integrate ceremonies to complement academic progress, utilize indigenous ways of leadership. The three of us that work

here together are all Native American, retired RNs, so, we have experience, not just in nursing, but in work with higher ed. We show pride in being indigenous as healthcare professionals, and we show that just by being here because none of us need to be here. But here we are, wanting to help others become nurses, to help our people that, we all know, have such health disparities that we have to deal with every day with our families. We use symbolism that connects indigenous experience and college experience. For instance, we have a feather and a stethoscope together in a ceremony, for example. This ceremony is when they get accepted into the College of Nursing, so it's like a transition ceremony. They've been working on this, to get to this point, to become a student nurse. The stethoscope represents the Western way of healing, and the feather is symbolic of who we are as indigenous. We know that a feather is very meaningful in our way of belief and our way of strength in our different tribes. We're changing the education systems, creating new structures to do so. An example of creating this program, Native American Nursing Education Center. It's our new program, and part of what we do is mentoring. So, the next slide is: so, part of what we teach is to attend to basic needs, food, housing, and transportation. So, we have our gift cards for food and gas. We have a 15 to 1 student mentor ratio. We have intentional mentorship that reinforces habits, such as keeping appointments on time, maintaining a mentorship relationship, be mindful of the steps and stages in a student's academic program, and where the student currently is in the process. We could also call this mindfulness. Students must feel your caring and dedication, and they do because just simply of who we are and how we act as Native older women. We are their mentors. We are their role models, and we reinforce students' desire to give back to their communities, every one of them. They all say, at some time or another, during our time with them, they want to stay home and give back. We instill taking action to make positive changes and activism, learning how to affect change, including at the policy level. When they reach the fifth semester, they know they can do this. They've learned a lot during their years and semesters, learning how to do this. So, that is our program here at South Dakota State University, and I thank you very much for your attention.

>>Kawehi Brandow: Thank you so much. I really appreciate you sharing your story and the impact that you've made at South Dakota State University Nursing.

>>Jim Warne: She didn't mention that she used to run Arizona State Nursing for many years, and then, she retired—she thought—and then, went back home to South Dakota. And that's where she was able to create this program. And as a humble, indigenous, strong, Native woman, she won't, you know, allow those barriers to impact her students. And she's almost like an *ina* (mom) to all of her students and a grandmother—that is the Lakota way. So, thank you, Mom, for the work you do. And she doesn't like to brag, but she increased her student population by nearly 1000 percent and went from a low 60 percent retention rate to over 90 percent retention rate. So, as you can see, I'm a mama's boy and very proud of what she does, and my brother and I just follow her lead. Thank you so much for today.

>>Kawehi Brandow: Beverly, I do have a really great question. As an elder, what advice do you have to all the educators and policy people on this webinar?

>>Beverly Warne: To learn, to learn about the indigenous history, the truth of it all, in the first place, and then, you get a better feel for why we have such health disparities among our populations. There's reason. There's reason for everything that we live today with our current indigenous people, but we have a lot of hope. We have hope because of, for instance, the group that's presenting today, I'm very, very, very proud of them as an elder, to see the young people coming forward like they are.

>>Kawehi Brandow: Thank you. Thank you very much, Beverly, and thank you, Jimmy. Now, next slide, please. I'll introduce our next two presenters, Meggan Judge, a mother of five who works as a birth assistant in Alaska. She will graduate from the Alaska Pacific University Nursing Program in December, with plans to continue at APU while she completes her Bachelor of Science in the Nursing field, a Nursing degree. JoLean Fultz, RN, works for the Alaska Native Tribal Health Consortium. She is granddaughter of Martha and Donald of Alaska, and she is currently a practicing nurse. Kris is going to be doing interview questions in this segment. She'll be asking questions to Meggan and JoLean for this portion of the webinar.

>>Kris Palmer: Hi everyone. I'm going to invite Meggan and JoLean to open your cameras, if you're able to. Hi Meggan. Hello and, JoLean, you are... I think it's at the bottom of my screen, it says video. There you are. You have your mute. There you go. All right, we're all here. Okay, so, I'm going to start with you, Meggan. You and JoLean took a course in nursing called Culturally Safe Healthcare. That was kind of a gateway to college for you, and I wonder if you could tell us more about this experience.

>>Meggan Judge: Of course. So, I decided to give college a second try in my 40s. I tried the first time, but I had young children and was not successful. And so, during COVID, I realized that my work in birth really required that I move on and become a nurse and hopefully, in the future, a nurse practitioner. And so, I was terrified to go back to school, and I didn't know if I had it in me. And so, I agreed to take one class, and in the APU Nursing Program, you can bring in your prerequisites from any school, the anatomy and physiology, the biology, the things that you just have to take before you can start the nursing program. And so, the one thing they do require that every student at APU take is Culturally Safe Healthcare, and so, when I got into that class, it was my first time back at school. And I didn't even know. I get in there and I'm like, yeah, so, this class, we need to decolonize healthcare, especially since the APU program is specifically tailored to develop nurses for the tribal health system here in Alaska and everywhere else, I'm sure. But we do all of our clinical work at the Native hospital here where I receive my care, and so, that was really important to me and part of the reason I chose APU as the school rather than our state school. So, culturally safe healthcare is an idea that was started in New Zealand, I think in the '90s, where, essentially, you know, we hear in curriculum, culturally competent people—but the idea of cultural competence sort of assumes that you can reach a level, and, then say, I'm competent; I'm good. It kind of stops there. The idea of culturally safe healthcare is just a paradigm shift of how you see the world and being willing to look at yourself and your biases and be open to everybody else. So, that class was super meaningful and important. That all of us in our cohort have taken that class before we move on to, you know, the Florence

Nightingale side of nursing. That part, you know, anybody can learn, but it was super important to know that I was being taught a way to reach my people and people like me with respect, which isn't something everybody always gets in their healthcare.

>>Kris Palmer: Thank you, Meggan. Let me now ask you a question, JoLean. Is there anything else you want to add about the culturally safe healthcare class and the professors? Anything they did that you feel like was a good practice that others should do too?

>>JoLean Fultz: Yeah. So, I am part of the first graduating cohort of the nursing program at APU, and so, what I remember, before classes even started, we had a blanket toss with anyone who wanted to participate at APU. So, that was an awesome welcoming as the indigenous group at APU. Oh, hold on. Sorry, my computer became unplugged. Okay, so, that was a very warm indigenous welcome at APU. And so, let's see. Another thing that we did was celebrate each other's cultures by defining what culture meant to us and recognizing that culture and health has a different meaning for everyone. And we learned that, you know, not judging people like the cover of a book and treating each person as an individual, which was very eye-opening for the rest of our content to be culturally safe and learning about micro-aggressions, which could negatively impact healthcare. Like, Alaska Native elders, we got to interview them, and they typically speak slower, you know. They have a story behind everything, like, a story of how, you know, why they're in the hospital. And, you know, enjoying some of their Native food from home would help them feel better, help them feel whole and have better healing properties besides the Western healthcare that they're used, you know, that they receive in other places. So, just a lot of the roots that go along with culture and holistic healing is what we learned in the APU culturally safe healthcare. And we do practice that at the Native hospital. You know, giving people more time to answer questions, not rushing people through, like, okay, here's your medicine. No, we're going to ask you, you know, what does health mean to you, and what's going to help you feel better? You know, some people want to make a long-distance phone call or, you know, do a FaceTime call and get everything in place for them. And yeah, our professors were really good at getting us culturally safe. Oh, I can't hear you.

>>Kris Palmer: I wonder if you might say a little more about professors. When we spoke, you talked about them having a balance between pushing you but also, supporting you, and can you say more about, if there are other educators on here, how did that help you, and what did that look like?

>>JoLean Fultz: Oh, yeah. So, I really feel like nursing is my second career, and, so, I started, gosh, when I was, like, 33 is when I started school. And so, I was really not fresh out of high school, you know. It was...I struggled, and so, they really pushed me to, you know, meet the marks, and for some areas, I shined a little bit brighter than other areas. And so, they really sat down with me, literally, one-on-one time with my professors, and we would go over questions. And they wouldn't give me the answer, but they would help me to find, you know, the right answers or help me understand things a little bit better, which really was the reason why I was able to pass a lot of my classes, was individual one-on-one meetings.

>>Kris Palmer: Thank you. I'm going to come back to you. I have one more question for you. So, Meggan, you earned a scholarship, and I wonder, how important are the supports for things like food, tuition, and housing for college students?

>>Meggan Judge: So, my local Tribal Health South Central Foundation, where I get my primary care, just started a program to mimic the Indian Health Scholarship, the IHS scholarship for healthcare. So, Alaska Native and American Indian students can apply for this, where they just, they pay all of your tuition and a living stipend, in exchange for a service agreement—but financially making it possible, because it's really hard to succeed in school when you have to work full-time on the side, and I definitely know people have done it. But the more time I have to go all in on my studies and still see my family means I'm just going to be more successful, so I've been really appreciative. And also, with that program, South Central Foundation has also provided nursing mentors for the Alaska Native and American Indian students in our cohort. So, that's exciting, to just see what our future can look like and to encourage us when we want to be done, when we don't think we can do it anymore.

>>Kris Palmer: JoLean, let me ask you one more question here. Your APU partners with the Tribal Health Consortium and links to tribal health facilities. Can you say more about what that's meant for you in your journey as a nurse and how that, the connection between your education and the employer?

>>JoLean Fultz: So, for me, I feel like it's a very wise, strategic move for NTNHC to kind of grow their own nurses, you know, but what I really appreciated is that there's a lot of Alaska Native nurses going through the program. There's not that many Alaska Native nurses and doctors. You know, my patients, or Meggan might say, my "customer owners," would say that they are blown away by seeing an Alaska Native nurse, you know, helping them achieve better health. To me, I feel like they're being helped by, like, a family member sort of way. So, it's really walking with them through healthcare, and they're really appreciative. You know, I feel like I am representing Alaska Natives and hopefully, encouraging other Alaska Natives to, you know, achieve their dreams and goals and doing it together.

>>Kris Palmer: Thank you, JoLean, and I want to thank Erin in the chat for reminding me that today's Meggan's birthday. Yay. Happy birthday. Look at all the celebratory emojis— (Laughing.) Yeah, Meggan, let me ask that you a similar question, about how you've also been working with that, I think the same employer. Is that right?

>>Meggan Judge: So, all of my clinical work is done at the Alaska Native Medical Center, and so, definitely that was such an encouraging experience to get out there. I'm a student who, probably, looks terrified, trying not to scare the patient because I look terrified, but when you get in there and they ask, where are you from? and I tell them, you know, I'm not Alaska Native. But I tell them, and they just open up. And they want to tell you a story. And just, I know, we're all "customer owners," but in South Dakota, I know everyone is a "relative." And I love that. It just breaks down a wall that could be there. You know, I'm not in there because I'm smarter than you or better than you; I'm just there to help serve you. And I've just had these experiences with clients that, even some that are terrified, that don't speak English. But you know, if I can get down on my

knees and look at this elder and treat her with respect, she's much more open to care, and, you know, we just want to do what's best for her. But she might be scared and not realize what we're trying to do, and I've had some really powerful experiences being humbled. And I really appreciate that, and it's super valuable, that the place where I want to work and serve is where we get to get our training.

>>Kris Palmer: Thank you, and can we have the last slide? Next slide, please? So, here's some of, I think some of the points that you guys have made are here, and they're in the slide deck for anyone for the future. But please, everyone, join me in thanking you both, especially as students and mothers who have busy lives for joining us and sharing some of your story today.

>>Meggan Judge: Thank you for having me.

>>JoLean Fultz: Thank you.

>>Kris Palmer: I'm going to turn it back over to Kawehi.

>>Kawehi Brandow: Happy birthday, Meggan. Shout out. Then I also love all of the emojis and reactions in the chat, so, thanks for the love, everyone. Next, we will hear from three speakers who will give us the perspective of how to support American Indian/Alaska Native youth in their entry to healthcare careers and training or college. They are Dr. Darold Joseph, Dr. Amanda Hunter, and Lisa Lomavaya. Dr. Darold Joseph is Hopi and representative of the Water-Coyote clan. He is a director at the Institute for Native Serving Educators and assistant professor of special education at Northern Arizona University. Take it away, Darold.

>>Darold H Joseph: Thank you, Kawehi. Much appreciated. Good morning, everybody and, as mentioned, I represent the Water-Coyote clan. This is a picture of the community in my background, so, if you can see that, some of you may be familiar with that place. But I want to talk a little bit about, you know, pathways to success and what this might mean conceptually as we think about planning for opportunities to engage our youth and those pursuing higher education. And it really starts with thinking about what we do in our PK-12 educational environments. And I want to go back to the previous presenters, who mentioned very important concepts, which include thinking about the communities we come from. So, as we think about our indigenous youth who come from these epistemological and ontological spaces, what you see in the diagram there starts with capital "H" home: these are places where our youth learn the stories of their names, giving them their sense of belonging, and so, when youth transition into educational environments, they, then, have to maneuver through these new spaces, filled with new experiences, which I also like to mention. There is also new academic language, you know—there's this idea of "cognitive overload" and what our youth experience as they're engaging in these spaces. So, we should consider what this means for students, going through PK-12 environments and post-secondary school educational settings and what this means in respect to that lower-case "h" home. The last two components that are included here are history and community, which engage and are interdependent with both home spaces. So, as we think about the significant stakeholders in our communities, which include parents, elders, educators, tribal leaders, schools, from both the lower-case "h" home and capital "H" home communities, we must create this space to honor and teach the histories of our

communities, providing a foundation for our students to persist through educational settings. So, as we think about these concepts of lower-case “h” home, capital “H” home, history, and community, these work in interdependent ways. And as leaders and community members, it's community work; it's all our responsibility to support youth in these transitions, and in some ways, we call this self-empowerment. If we provide these concepts—and I think we've already heard some very beautiful examples of the ways students and institutional leaders have created this in their spaces—then we're engaging youth in this concept of self-empowerment. So, the question here is about culturally sustaining and responsive education. Why is this important? Because, realistically, when we think about it, we know the histories, as Beverly shared with us, the challenging histories, but we also know that these histories are shared histories. And so, we go back to the 2019 National Indian Education Study Report, which was primarily focused on asking students in the 4th and 8th grade about culture and language in schools. There was one question that was posed to students: how much do you know about your American Indian Tribal Alaska Native group? For example, you may know about the traditions or arts and crafts of your tribe or group, and so, this data is very telling in the sense that, if we look at the 8th grade population, we have a diverse response rate of 18 percent knowing nothing to 22 percent knowing a lot and all those in between. So, this tells us that we must create a both/and framework, right? Find ways that we're bringing and incorporating the ways our students think, from their capital “H” home environments and finding ways to build that in with the lower-case “h” home environments. So, again, this is community work. So, I want to take you back to some examples. There is a tool particularly focused on developing culturally responsive schooling and sustaining practices in schools, and these are some examples that are focused on various domains, on relationships and communities, indigenous knowledge systems and languages, sociopolitical context and concepts, specifically sovereignty and self-determination and nationhood. And below each, you will see some examples of some specific tenants that we encourage educators and school leaders to think about how to incorporate these concepts into curriculum development. There are two other examples. So, with respect to time, I provided a web link there that provides you access to the specific tool itself, and we encourage those of you out there to think about how you are doing this currently in your PK-12 environments. This provides opportunities for us, those of us who are at higher ed institutions to build in opportunities to create a both/and framework for our indigenous students. So, with that said, I do want to turn it over to Kawehi to introduce the next presenter, who is also from Arizona.

>>Kawehi Brandow: Thank you, Darold. Great job. Just a note to all attendees: the link for this tool is in the chat, so thank you, Kris. All right, next slide, please. Next, Amanda will share the innovative work being done to create an indigenizing healthcare path for youth. Amanda Hunter is a citizen of the Pascua Yaqui Tribe from Tucson, Arizona. Dr. Hunter received her Ph.D. in health behavior and health promotion from the University of Arizona and is a post-doctoral scholar at NAU, Northern Arizona University. For eight years, Amanda has worked with an after-school program called Native Spirit. It strengthens resilience, cultural identity, and self-esteem while decreasing substance use in indigenous youth. Take it away, Amanda.

>>Amanda Hunter: Thank you for that introduction. My name is Amanda Hunter. Today, I'll be describing a small corner of research that focuses on the connection between culturally-grounded after-school programs and positive health and educational outcomes for indigenous youth. So, we know that participation in after-school programs is protective for all youth. That includes things like boys and girls clubs, big brothers/big sisters. After-school programs provide a safe space for youth to grow and learn about their own interests and strengths while they're surrounded by their peers. Culturally-grounded after-school programs are another tool to increase cultural engagement for indigenous youth. Curriculum for culturally-grounded programs are based on local indigenous values and practices that are specific for each indigenous community. And what's meant by culturally-grounded is that these programs and curriculum are based on cultural values. One example is a program that I've been working on with indigenous communities in Arizona to develop. The program itself is called Native Spirit. It was affectionately named by the youth who first started the program. It's run in partnership with Tribal Boys and Girls Clubs and local after-school departments. The program has ten sessions and runs for an entire school semester with typical breaks for holidays, and it's for youth in 7th through 12th grade. Each session is about 1 and 1/2 to 2 hours long, and also, each session is led by a different local cultural knowledge-holder from the community. And each session is based on a different local cultural value and practice, and so, it's very localized, very community-based, community-run. We believe that culturally-grounded programs, like Native Spirit, can support indigenous youth and their educational and career journeys by strengthening their self-efficacy and also, by strengthening their community support network. So, our data so far—and, you know, just a few years young—has shown positive increases in cultural identity, self-esteem, and resilience, and we've also started recently looking at how participation in culturally-grounded after-school programs can help youth avoid some of those risky behaviors. So, these things are all factors that can help youth find a career pathway that works for them, and it's something that I've been really excited to work on for the past few years. With that, I'll say thank you and pass it on.

>>Kawehi Brandow: Thank you, Amanda. Next, we have Lisa. Next slide, please. Next, we have Lisa Lomavaya, and she's going to be sharing the innovative work about a summer youth program to create an indigenized health career path for youth. Lisa Lomavaya is a member of the Spider Clan. Lisa has worked for the Indian Health Service at the Hopi Health Center since 2007. She is the public affairs specialist at the Hopi Health Care Center summer youth program, the Indigenous Pride Health Worker Program. Take it away.

>>Lisa Lomavaya: Hi. Good to see everybody today. Very happy to be here, and I feel very honored to be part of this discussion today. I am very proud to say that this year is my 16th year working with the Indigenous Pride Health Worker Program. So, I wanted to share with you guys: with the IPHW program, we are in our 21st year of the program. We would not be able to host this program at Hopi Health Care Center without the amazing support that we have from our executive leadership and other managers and supervisors that we have here at Hopi Health Care Center, and of course,

we work extremely closely with an entity by the name of the Colorado Plateau Center for Health Professions, which is through North Country Healthcare, which is based out of Flagstaff. The goal of our program is definitely seeing a lot of barriers, considering—and I'll talk a little more about this—but how remote we are. So, we are coming and stemming from the concept of growing our own. So, Hopi, we're a tribe that's known for our farming practices, so I thought it was a, you know, perfect concept to work from, where we plant that seed, and then, we watch it grow and flourish. And that's exactly what happens with the IPHW program. The other part of it is—Hopi, we are very community-oriented. There's never a time when a family has to carry out a ceremony or something that is going on within the family alone. There's always just enormous amounts of help, and that same practice goes to the professional environment. I've noticed since I've been here at Hopi that all of the people that I have networked with who provide some of the training classes to our IPHW students, they are more than willing to donate time and give time back to our students, knowing the whole goal of the program is to help them to develop into future professional healthcare providers. So, just to give you a little bit of a background about, you know, where we're located and some of the barriers that we come across. We're located on the Hopi reservation. For those that don't know Hopi, we're a very small tribe located on the northeast corner of Arizona, completely surrounded by the Navajo tribe, so we always joke about it and say we're the jelly-filling to the Navajo donut, which is the best part, right? So, we're Hopi. About 46 percent of our population on Hopi is at or below the human services poverty level—and recently, I got this number updated—about 25 percent of our population have completed or obtained a college degree. Working, again, very closely with our Hopi tribe's Office of Education and some of the presentations we do for our students, we're with them on the goal of wanting to increase that number of how many of our youth are going on to obtain a college education and degree. So, a little bit of our culture: we are very rich in culture and traditions. We have a ceremonial cycle that goes year-round, non-stop. We're always doing something here for Hopi. Most of the core teachings that are happening within our culture start in about the adolescent years. So, around that age, about 17, 18, is when they're really starting to participate in ceremonies and really starting to engage and have a sense of obligation to the ceremonies that are being carried out throughout the year. So, and, as we know, that age, 17, 18, when they're graduating high school is also the time when they're in their full swing of planning educational and professional endeavors, as well. So, sometimes, you know, our students will have a hard time balancing the two, you know, which one do I prioritize: my cultural obligations or do I prioritize my educational obligations? We try to help them understand they can do both. They can still maintain ties and have that sense of commitment to their culture, as well as going on to pursue their educational/career goals, as well. So, there's three major components to the IPHW program that I wanted to point out. One of the main components is that we have: each student will do a research project...so if you can, kind of, keep clicking, it's going to go on to three bullets there on the slide...So each student is going to be completing what we call a research project. They are charged with identifying, so they, out of their own accord, their own discretion, will identify a current health disparity that is affecting our

Hopi and Tewa population. This year, for instance, we chose to focus on child health and wellness. So, we asked the students to focus on a health topic that they know is currently affecting our child population. So, they each did an informal research on the health topic that they chose, and then, what they do is they convert those findings and that education that they get into public health education materials. So, they do a PowerPoint presentation. They create a brochure, and then, they also do a display board, a presentation display board and, at the end of the eight-week program, they will host, they coordinate, plan, and host their own community health fair. So, we put fliers out all throughout the whole community, and the community will come and attend. And the students actually get to be public health educators for a day. So, that's what they do. So, we ask them to, you know, that day, when they're doing their presentations at the health fair, dress up professionally and act professionally and be a public health educator for the day. So, the co-coordinator for this program is actually our Hopi Health Care Center public health educator, so he mentors them throughout the way, while they're creating their health fair materials and also, as they're preparing to do their presentations. The other component is community service. Like it was mentioned earlier—you know, I think it was from Beverly's presentation—we want to always encourage our students to give back to their community. So, how can we give back to our community, but still focus on that whole thing of, you know, growing their professional development, their personal development and also, sticking to the healthcare field? So, what we do is identify a couple of community programs or services in the local community that are focused on summer youth programs. So, like, this year, we volunteered for a week at a youth football camp, and we also volunteered for a week at a Hopi youth wellness camp, which was focused on identifying children who were at risk for childhood obesity and diabetes. So, we helped, and we volunteered during that time. The students became mentors. They were presenters, and they were looked at by the youth participants as leaders in the community. And I guarantee, the bonds that they made with some of the children that participated in those programs will be forever going. You know, they look up to these high school students who are undergoing this program as mentors to them, so it's a really good thing that they do for that community service. Then, lastly, the biggest component of it is we do patient care mentorship. Grateful to all the supervisors who participate every year and offer their knowledge, their skills, everything they know. It's not just the supervisors, but it basically turns into the whole department that becomes mentors to the students, and the students get that mentorship. They get to ask questions. They get to learn about the different positions in a department, you know, because, as we know, like, for example, dental—it's not just the dentist. You get the dental hygienist, the dental assistants, your administrative support. They get to learn about all those career possibilities that they can obtain in coming back to work at Hopi Health Care Center. We, like, this year, we had a person that was on the fence, didn't even know what he wanted to do. By the time he walked out of the program, he was pretty much dead-set, yes, I want to go into the field of pharmacy; I want to be a pharmacist. So, it was really good, you know, eye-opening for him, because he thinks of healthcare: it's doctors and nurses. And he was like, I don't want to be either one of those, so when we opened the

doors and said there's all kinds of stuff, optometrists, pharmacists, radiologists, we can work in laboratory, all the stuff like that. And he basically found his niche and found that love for working in the pharmacy department. So, the other part of it that I wanted to mention is each one of these students are doing personal professional development training as the eight weeks go by. So, all these people that are local resources that I've found, whether they're culture knowledge-holders, whether they're professional development people, they all donate their time to the students. So, the other part of it is that they also grow. I mean, we see this growth in their maturity. The other part of it is: I'm a mom. I have three children that I raised here on the isolated Hopi reservation. For us, it's so isolated here, we don't have one single stop sign, not stop sign...we don't have one single stoplight here at Hopi. We have stop signs. Rush hour traffic for us is, like, maybe, more than ten cars on the highway at a time. Yeah, and it's, like, the nearest Walmart is about an hour drive away from us. So, that's how, you know, remote that we are, but knowing that and knowing our kids are raised here, one of the biggest struggles I've found is the lack of social skills. You know, we tell our kids, get your education, get your training, go off to college, attend a university, go to college. We don't have any colleges or universities here on Hopi, so we have to send them off reservation, and one of the patterns that I've observed is a lot of the students don't have the social skills to navigate themselves when they're sent off to college. So, that's one of the other things that we very, very much try to instill into the participants is finding their voice, being able to vocalize what their needs are, asking for help, that type of stuff that a lot of students struggle with when they get out into the real world, so to speak. So, that's another part. It's great because myself and Gary Leslie, who's our public health educator, we co-coordinate the program. We're both from here, from Hopi. We both graduated from Hopi Junior Senior High School, which is the only one that we have here, and so, we both lived the life of being a Hopi teen, growing up in this environment, so we're able to relate to them on that level. Finding that, after 15 years of the program and working here at Hopi Health Care Center, as I get older, my energy level is totally not keeping up with the students, so I'm thankful for Gary because he's about a decade younger than me, so he's able to keep up with them, their energy level, more so than I am. But it's a fun highlight of my year every year. I'm very passionate about this program. I consider it my baby that I'm still watching grow and flourish in itself. So, I thank you all for being here, and I thank you for this opportunity to present about the Indigenous Pride Health Worker Program. Thank you.

>>Kawehi Brandow: Thank you, Lisa. I want to go ahead and say, I have not heard of the jelly to the Navajo Nation, so, thank you to the jelly of the Navajo Nation. You all did a wonderful job, and to everyone, please join me in thanking our speakers. Now, you, the audience, can ask questions in the Q & A tab, and I will moderate and direct questions to any one of our speakers. I did have a couple of questions that came out early on. What steps did you take to start the mentorship program that was shared? And I believe this is directed to Beverly. Beverly, are you able to help us with that one? What steps did you take to start the mentorship program?

>>Beverly Warne: Well, I did work at Arizona State University for several years as a mentor for nursing students, and it was geared to Native students. So, we already have

that area of values and beliefs of indigenous ways, so it was fascinating for me to be working in Arizona because there's so many tribes. So, you had to learn how to generalize values and beliefs and kind of, go along with that and—surprisingly, or maybe, it isn't—we're all almost the same. You know, we all value family. We all value community. We all value staying together and helping each other. That's the final thing that we realized is that we share those thoughts, and so that's the way we went with our mentoring efforts: was to, first of all, teach each other the various, the tribal students that are in Arizona, and talk about their values and beliefs, and then, it was fascinating, having those conversations because a lot of the students hadn't even thought about it before until then. So, it was quite an ongoing session actually because we got our new students all the time, so we were able to gather our beliefs like that, and then use them as mentoring in a general way in Arizona. Was that the question?

>>Kawehi Brandow: Yeah. No, that was a beautifully answered response. Thank you, Beverly, and just, kind of, echoing off of what Beverly was mentioning, there's definitely comments throughout this presentation, and that's Native values. We are dealing with communities that may not be our own tribe or our own culture, however, as Beverly mentioned, respect and community, those are very indigenous values. And Meggan mentioned, she's not Alaska Native, but she got down to the elders' faces and asked questions with her heart, really, so, I appreciate that. Thank you, everyone. Darold, another question: can you explain what you mean by the term critical understandings?

>>Darold H Joseph: Yeah. Thank you for the question. So, what I would recommend to everyone is there's a link in the slides that has direct connection to the article regarding the CRAIS principles and the tool. So, when we developed the component of critical understandings of diversity—and specifically race—it really connects back to what the presenters were speaking about in the sense of oftentimes, the tradition of Western education did not have space for indigenous community members, right? So, when we evaluate and analyze the history behind all of that, then we're developing critical insights to what this might mean when we talk about equity access, persistence, increased graduation rates for individuals from indigenous communities. And so, when we talk about this idea of critical understandings, the hope is that, as teachers, educators, and leaders use a tool, like the CRAIS tool, they themselves realize and understand this history that traditionally did not represent us as indigenous people in educational settings. And rather, the opposite was to assimilate us, and I think we all know that history. But I'm not surprised to say also that we still have work to do in our higher ed institutions to engage our colleagues, relatives, brothers, and sisters who learn about this history in that way that develops that critical insight, right? To understand that sometimes, these traditional practices and ways of educating a general population are not going to work for the children and the youth coming from our communities. So, you know, I think those are some things to consider as we think about, you know, the term critical understandings. Thank you for the question.

>>Kawehi Brandow: Great answer, Darold. Thank you. All right, we have one for the nurses. Can you give examples of the ways the curriculum is indigenized and how that looks in the classroom? If you took a Western nursing course and an indigenized nursing course, how do they look different? And that would be to any of the nurse

educators out there. Don't be shy. Meggan, Lisa, Beverly, any of the Arizona team. What does an indigenized classroom look like? What is the difference between a Western nursing course and what does it look like? How does it feel? What is the take-away that differs from the Western institutionalized education system? I'm going to call out Beverly. Okay, who was that? Sorry. Go ahead.

>>Darold H Joseph: I can jump in and share a few.

>>Kawehi Brandow: Sure.

>>Darold H Joseph: So, just to highlight, you know, one of the things in my new role as the director for Native-Serving Educators: we recruit teachers state-wide in Arizona, who are serving indigenous students in their classrooms and really promote the idea of culturally sustaining and responsive practices in the classroom. And so, from many of those examples, some of the things that we speak about as far as, you know, creating space and having that sense of belonging are the representations of themselves and their communities through language, through history, through space—visual representations in an environment, you know, for K-12 educators. That's a very strong action to take so that students see themselves on a day-to-day basis, and I think, oftentimes, what we see in a K-12 environment are the degrees in which educational curriculum require some modifications to sometimes, replace representations of concepts with indigenous representations that are equal representations of teaching outcomes. So, like, math, right? We might use models of math to teach math skills, but it might be something that a student may not have engaged or learned about based on their world views. And there might be a more reliable experience that we can pull from the community perspective of which they grew up in to use as examples, to really acclimate students to learning these skills. So, I think that's really important, and then, you see a lot of universities now that are having Native American cultural centers, which are promoting this idea of indigenizing the institution—and so, what does that mean? That means that we want to replace place names or building names with indigenous languages. We want to engage our faculty and invite them to things, such as what Beverly talked about, you know, honoring ceremonies of the local communities. So, engaging in those kind of things for our students, so they can say that they're feeling represented in the spaces that they engage within these educational settings. So, those are just a few examples, and I think Meggan said she can also add to that.

>>Kawehi Brandow: Awesome. Thank you, Darold. Meggan?

>>Meggan Judge: Hi. So, I think in a lot of ways, our nursing curriculum is a pretty standard nursing curriculum you would find in any other classroom as far as what books and programs we use. I think what makes it a little more indigenized is that, in our course objectives, things that we need to study for our tests, essentially, and take out of each class. There's always going to be a part of the class where we stop and say like, okay, so, how can you do this in a culturally safe way? And so, the biggest experience that I had this summer was I participated in another program with the AHEC program here in Alaska. And so, I was given the opportunity to go to any rural health site in the state and so, I was chosen to go way up north, close to the Canadian border where all the polar bears are in the fall. So, in August, I was excited to go, and I was going to be presenting to pregnant women about newborn safety and care. So, I was flown in a big

plane way up north and then, put in a small plane, sent to Deadhorse. And then, in Deadhorse, I was supposed to wait for another plane to come pick me up to take me there, and it never came. So then, I was stuck in Deadhorse overnight, staying at an oil field man camp. All that to say is I never made it where I was supposed to go. I got to do my program closer to Deadhorse instead and then come back home. Just that experience is what so many of our clients at the hospital have to experience. They may have a healthcare need; they may need to come to the hospital, but they have to wait till weather and pilots can make it sometimes. You know, they might have taken a dog sled or a snow machine or a four-wheeler, you know. When they end up in our care, they might have gone through a whole series of things—we just have absolutely no idea. You know, why were you late for your appointment? Well, the plane never showed up. You know, that's not something you typically hear in the city. So just that one little experience really opened my eyes to understanding what it's like for people to be coming in from rural places to get their healthcare in our main facility here in Anchorage. So, that's just one little thing, but in all of my classes, it's, like, what do we have to remember that may be different when you're dealing with your clients here about cultural safety? Other than that, you know, an IV is still an IV. Medicine is often still medicine.

>>JoLean Fultz: Can I add something?

>>Kawehi Brandow: Yes. Go ahead, JoLean.

>>JoLean Fultz: Okay, thank you. So, we also did a blanket ceremony at ANTHC with elders, and we talked about the history of Alaska and the things that our ancestors have gone through. So, we've really connected with the elders in the community to gain better insight on how far we've come to appreciate their history. And also, inviting elders to come into APU and have them talk to us about how we could reach our communities better. And also, having our Native food potlucks in class. I guess, just really experiencing indigenous communities first-hand, also like Meggan said.

>> Lisa Lomavaya: Can I also add one more thing?

>>Kawehi Brandow: Go for it. Yes.

>>Lisa Lomavaya: Okay. So, one of the things that I wanted to mention is: so, Hopi Health Care Center, like I said, we are a remote location. So, a lot of times, we are the prime pick for anybody who's doing their rotations for med school, PAs, even for nursing rotations. And one of the things, I think, that we offer from Hopi is—and I know from other Native hospitals, as well—is that we also make sure that the providers that come to do their rotations are well-aware that there's actually two types of practices of medicine when they come here. There's the Western medicine that we do here at the hospital; there's also traditional medicine that is practiced within the community. So, a lot of times, I would say probably, like, my generation and younger would be more apt to come here as their first option for healthcare and then, go to a medicine man or woman for treatment as a second option. And then, the older generations are vice versa; you know, they go to a medicine man or woman first and then, come here as a second option. A lot of tribes I have found have been able to integrate traditional and Western medicine into their healthcare facilities. For Hopi, this is something that we would never even probably try to attempt to do: an integration of Western medicine

and traditional medicine. We just know, it's a given that those two types of practices are completely separate, and we respect that. And if we were to try to attempt to do an integration, we'd probably have to, you know, deal with a lot of flak from the community for that, so we're not even going to go there. But I think that's one thing that we do know is that there is definitely a mutual respect between the two types of healthcare that are provided, the Western medicine and then, the medicine men and women in our community. There's also, like I mentioned, a ceremonial calendar that we go through year-round. That ceremonial calendar and the traditional practices definitely have an impact on the healthcare that our patients receive: more of an influx during certain types of ceremonies or a decrease in the healthcare, a lot of patient no-shows during the time of certain ceremonies, as well. It just depends on what part of the cycle that we're in for our ceremonies. So, we make sure they understand that as well. There's also some etiquette that has to be followed when you're talking about sensitive issues, like death or advanced directives or DNR directives, that type of stuff. Some tribes are okay and receptive to planning out for things like that. There are other tribes where you just, you don't go there. So, you know, for those types of things, you can't always necessarily teach them in a classroom. I'm very happy to know now that, you know, a lot of the classrooms are indigenizing their curriculum to hopefully bring up those types of topics. But that is something that we also offer as a site for providers to do rotations at. We give...I'm one of two people that give cultural orientations to our new employees, non-native employees, non-Hopi employees, because there's specific etiquette for Hopi practices, as well. So, we do all that stuff here, and that's an experience that nobody will be able to get anywhere else but Hopi Health Care Center. Thank you.

>>Kawehi Brandow: Excellent answer. Thank you, everybody. I wanted to mention that there were a couple of great comments in the chat. Someone was inquiring about obtaining info on South Dakota's nursing program. So, just a heads-up to all that Jim was kind enough to add Beverly Warne's e-mail to the chat, so if you were curious, scroll up. Also, the HR website to gain more information about the Native American Nursing Education Center.

>>Jim Warne: My mom is able to step in. Her mic wasn't working, but I think she can answer the question.

>>Kawehi Brandow: All right. Awesome. Please do, Beverly.

>>Beverly Warne: So, what I was going to, I guess, focus on was that the thought of trying to generalize the things that we have in common with each other: with nurses and Lakota people and however way they believe, we have a lot of generalities that we can connect with, like the values that I talk about when I'm a guest speaker in the nursing class. The seven values that I included in my presentation. I went over them fast, but each one is very meaningful, and the more you think about each value, the more you realize, nurses have those same values, like generosity and fortitude, you know, just things that you can explore with your students. So, there's more room for exploration of likely, the things that we have in common and then, respecting each other's differences in terms of beliefs. So, there's a way to make it better for them, those who think that they can be Lakota. So, there's a lot of food for thought. There are

ways to teach. We all have to find those teachable moments with any student that you run into when you're working in higher ed. Of course, my e-mail. Jimmy shared my e-mail and my contact information for those who want to explore things more. Thank you.

>>Jim Warne: Hi. I'd just like to follow-up for Beverly, AKA Mom, with her life experience, but unfortunately, I'm not allowed to share my screen. I did have photos of the Pine Ridge Indian School she attended in the 1940s, where many of these...um, oh, well, there it is.

>>Kawehi Brandow: There it is.

>>Jim Warne: Thanks. This is the boarding school where she went to school. So, these boarding schools were designed to eliminate our culture and turn us into Americans. Fortunately, they did not succeed with many people, like my mother. When she went to high school in Rapid City, Indian people were not allowed to live in houses yet in Rapid City due to segregation, so this is Oshkosh Indian Camp where Mom lived, so she could go to school and work in the kitchens. This was a reality that she had to face in those days when she grew up, which, obviously, formulated her approach to indigenizing everything, not only healthcare. And the next slide. The last slide is Mom 64 years ago, getting her RN degree. And there she is just a few years ago at that same building. So, again, what she had to face was incredible and again, I'm so glad she's still teaching at 84 years old, so we all can learn together. Thank you for sharing that screen.

>>Kawehi: Your mom is a beauty. Thank you both for sharing that. I had a really wonderful comment earlier, and I just wanted to read this to everyone. "So courageous of the young people to put that forward and so heart-heavy that they do see it. I imagine that giving them a voice and a way to talk about it is life-changing for them. Amazing, what amazing work you're all doing." So, kudos to the team. And then, I do have a couple of other questions. I know we have a few more minutes. I'm going to add something from John, an attendee. He's going to be sharing something as a Native practitioner. I will add it to the chat right now, but you know, I think what is really important is that everyone's sharing their experience. We're in a different time where we're indigenizing education, indigenizing our environment. Can any of the panelists share their experiences going to a Western, institutionalized, education institution? I'm sorry. What did that feel like back in the days? And I know everyone on the panel is only 19 years old, but you know, in your own experience? I know personally, when I went to my first year of college, I was not set up for success. And so, going into a private school, going to school with people that didn't look like me, being made fun of because I wasn't as affluent as the other students—it was not an environment that set me up for success. So, speaking to everyone on the panel: you are creating this healthy environment for Native people. Do you have any shared experiences that you'd like to talk about? Don't all jump at it at once. (Laughing.) Anybody? Arizona team? Jim? Just, kind of, a quick fact. Jim was an NFL player. Do you have any shares? Words of wisdom? Your time as a student?

>>Jim Warne: Yeah. As we close...as a student, I was a student athlete, so I had a few, kind of assumptions of who I was as a student, not only as an athlete, but as an indigenous person. So, fortunately, being trained by Mom, I was able to advocate for myself and actually put the instructor on the defense in terms of, oh, I did not understand. So, if we can learn to advocate and be those many leaders as students, we can actually change curriculum and approach of our teachers. So, I'm so happy I had the parents I had to show me the example of advocating and leading, representing our people as best we can.

>>Kawehi Brandow: Thank you, Jim. Anyone else who would like to share? I do have a quick note for those who are following via ASL. The ASL support team may or may not be on after the next minute. If you do stay on, thank you very much. Do we have any last words from any of the panelists before we close?

>>Beverly Warne: As the elder of the group, I would like to say a couple things to the people that are taking part in this wonderful program: just to keep doing it. Don't give up. There are times when you're going to feel like it. I did many times, but I'm just as enthused and passionate about what I do at age 84 as I was at your age. So, don't give up. If you run into people who try to put you down or discourage you in any way, stay strong, because you are strong, and keep doing what you're doing. It's beautiful work.

>>Kawehi Brandow: So beautiful. Well, we are getting a lot of thank yous, and it's beautiful to see everyone putting their language into the feed as we are indigenizing our environments. So, in closing, I would love to give everyone a round of applause. Thank you, attendees, for joining us today. Keep doing the great work and, as Beverly said, don't give up and just keep trying. Thank you.

>>Kris Palmer: Here's the link and resources, so if you want the slides or the recording, you can go to this link, or to the LEADcenter.org, and they'll be there within a week. And you can follow the LEAD Center on a bunch of different social media sites; look us up LEAD Center on all these different social media sites. And thanks again, everyone. Thank you to Kawehi for a wonderful job.

>>Kawehi Brandow: My pleasure. Thank you.