

THE INDIGENOUS HEALTH, EDUCATION,
AND RESOURCES TASKFORCE (IHEART)

THE 2024

AI/AN HEALTHCARE WORKFORCE DEVELOPMENT
VIRTUAL SUMMIT PROCEEDINGS



SPONSORED BY



IHEART BACKGROUND & SUMMIT OBJECTIVES



>>> WHAT IS IHEART?

The Indigenous Health, Education, and Resources Taskforce (IHEART), is a national collaborative formed in 2021 to address the scarcity of American Indian and Alaska Native (AIAN) communities in the health professions. IHEART is an AIAN-led collaborative consisting of a national coordinating committee and regional networks to amplify, herald, and sustain systems-level solutions by uniting allies, organizations,

institutions, and communities dedicated to improving AIAN educational and health outcomes. This was the fourth annual summit since IHEART's founding.

>>> IHEART OBJECTIVES

- Development of regional networks that promote local systems-level change focused on AIAN health workforce development that includes fostering the development of systems-focused leaders;
- Identification and dissemination of effective systems-based solutions; and
- The creation of a centralized national resource for health professions workforce development that centers AIAN expertise and cultural ways.

>>> 2024 SUMMIT OBJECTIVES

- Disseminate updates from IHEART's National Leadership to current and potential taskforce members;
- Reconnect colleagues within and across IHEART regions;
- Share information on opportunities for funding and support to develop novel health career pathways programs for AI/AN students; and
- Brainstorm how the taskforce can support the next generation of Indigenous leaders in healthcare.

REPRESENTATIVES FROM SPONSOR ORGANIZATIONS

3

IHEART operates as a national collaborative body led by the Association of American Indian Physicians, American Indian Higher Education Consortium, Association of Native American Medical Students, Association of American Medical Colleges, and the Indian Health Service.



>>> MARY OWEN (MD)

Associate Dean of Native American Health
University of Minnesota Medical School

NORMA POLL-HUNTER (PHD) <<<

Senior Director of Diversity and Inclusion
Association of American Medical Colleges (AAMC)



>>> TOM ANDERSON (MPH)

Executive Director
Association of American Indian Physicians (AAIP)

RENO CHARETTE <<<

Health Initiatives Director
American Indian Higher Education Consortium (AIHEC)

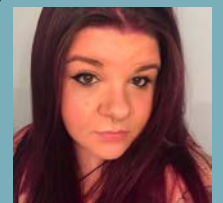


>>> BRIANNA BALDWIN (MS)

National President
Association of Native American Medical Students (ANAMS)

STEPHANIE DOBOS (MPH) <<<

IHEART Program Manager
Association of American Indian Physicians (AAIP)



>>> IZZY BURKE

IHEART Communications Coordinator
American Indian Higher Education Consortium (AIHEC)

RECONNECTING, REKINDLING, AND REINVIGORATING THE IHEART NETWORK

OPENING PRAYER

The Opening Prayer was provided by **Megan Lhotka**, who is an Ojibwe language and culture revitalizer, consultant, teacher, trainer, and learner based out of the University of Minnesota Medical School. Megan currently serves as a Community Liaison for the University of Minnesota, is an Independent Consultant for Ojibwe with Miinanikew, and is a Trainer with the Minnesota Department of Education.

Opening Prayer



Megan Lhotka

"Ojibwe Language and Culture revitalizer, consultant, teacher, trainer, learner University of Minnesota Medical School"

Community Liaison, University of Minnesota
Independent Consultant, Ojibwe with Miinanikew
Trainer, Minnesota Department of Education

WELCOME REMARKS

Dr. Mary Owen provided welcome remarks for Day 1 of the Summit. She reiterated the core objectives of IHEART, which are to:

- Increase the numbers of and effectiveness of existing AI/AN pathways programs;
- Increase the number of AI/AN graduating health professionals, and
- Increase the number of AI/AN health professionals returning to work in AI/AN communities.



IHEART REGIONAL REORGANIZATION

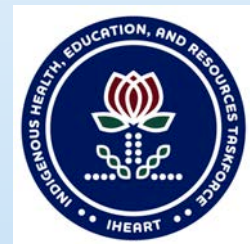
The IHEART regions have been reorganized to better reflect the resources and needs of our taskforce members on the ground. As indicated in the map above, "Pacific Coast 1 & 2" have been reconfigured into the "California" and "Alaska + Northwest" regions. The Northern Plains regions have been combined, as have the East and Southern Plains regions.



NEW COMMUNICATIONS & BRANDING INITIATIVES

NEW IHEART LOGO DESIGNED BY JESSICA HARJO

This year, IHEART's National Team began a rebranding project spearheaded by **Izzy Burke** (IHEART Communications Coordinator) to develop a new logo and outreach strategy for the organization. The talented Indigenous designer **Jessica Harjo** ([Weomepe Designs](#)) was engaged to design a new logo reflective of IHEART's core values and objectives. She surveyed IHEART members to obtain initial ideas for the core themes of the design, then worked closely with Jessica and the IHEART National Team to hone the vision into three logo options which were voted on by the wider IHEART membership at the 2024 Summit. The winning design (which earned approx. 20% more votes than the next most popular option) is pictured below.



The design inspiration in Jessica's words: "I wanted something that represented... **'growth'** and **'nurturing'** but also the linework is constructed in a way where it can represent **'networks'** and **'community.'** The flower itself is designed with lines intersecting to include this idea, and the leaves/stem/ground are composed of circles that are individual but come together as a whole to represent this idea as well. The angled plants were designed to mimic braids and/or links to also reinforce these ideas."

WEBSITE, FILES, AND SOCIALS

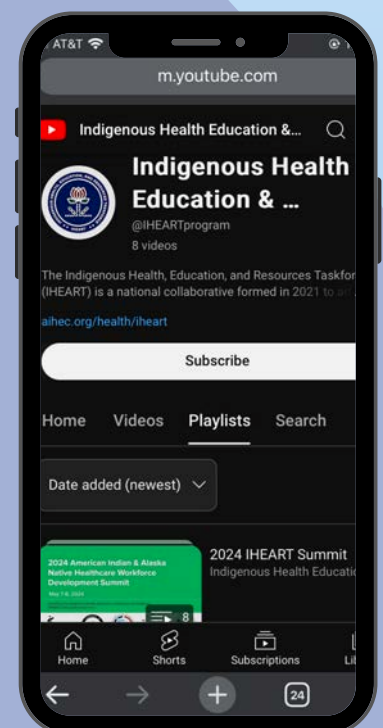
The IHEART National Team is currently looking into website options to host information for taskforce members and the general public. In the meantime, **IHEART information is being hosted on AIHEC's website under its Health Initiatives program page:**

<https://www.aihec.org/health/iheart/>.

IHEART now has a **YouTube page** where you can find recordings of the 2024 Summit sessions: <http://www.youtube.com/@IHEARTprogram>.

You can find PowerPoint presentations, speaker bios, breakout room notes, and other files shared during the Summit in this **Google Drive folder**, which will remain available for IHEART members to view:

https://drive.google.com/drive/folders/1Eps1R9Fr7D25rXRWod8Re2kVLoSKZUH5?usp=drive_link.



IHEART RESOURCES UPDATE

>>> RESOURCE GUIDE AND GIS MAP

Those who have attended prior IHEART summits may be familiar with the **IHEART GIS Map**: a virtual resource in development which will help Indigenous students interested in health professions (and those who support them) identify Indigenous-led and designed programs at the Elementary, Middle School, High School, Undergraduate, and Graduate/Professional levels to support their pursuit of health professions and academic programs in the health sciences. This resource is intended to improve access to programs and to build a network of programs that foster a community of responsive workforce initiatives. IHEART is currently soliciting submissions from our network of health career pathways programs to feature on this virtual resource. Our goal with the GIS map resource is to highlight **Indigenous-led and designed programs** first and foremost, as these programs are catered to the unique needs and experiences of our target audience of AI/AN students.

**Submit your pathway program
for consideration here:**

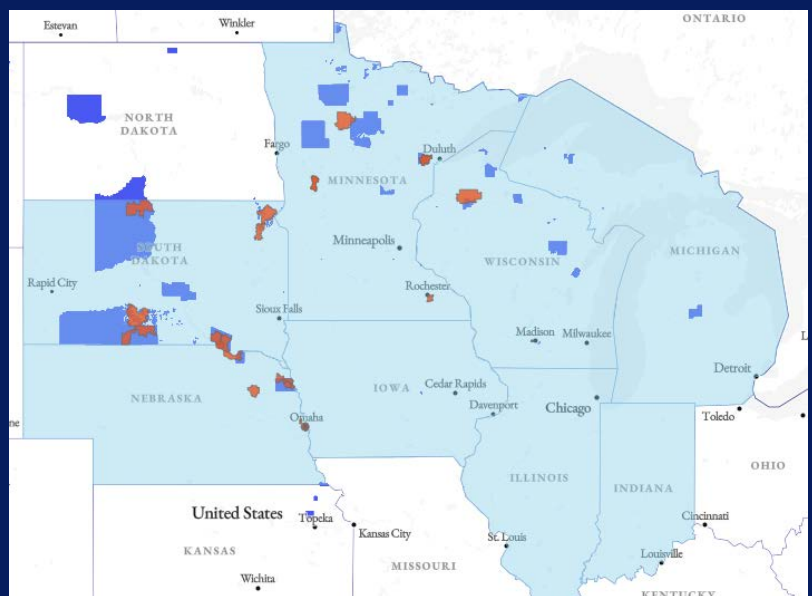
<https://forms.gle/LNMaZWUgi1NqNkSD9>

Pathways programs that are not Indigenous designed and led will be included in a Resource Guide that will accompany the GIS Map. The Map tool itself seeks to prioritize sharing information about programs that are fundamentally shaped by/catered to Indigenous students, so these take precedence over non-Native designed/led programs.

If you are unsure whether your pathways program meets the criteria for inclusion on the GIS Map, we highly encourage you to still submit your information so that we can make that determination (if it is not eligible for the Map, it will automatically be sorted to the Resource Guide).

If your organization has multiple distinct pathways programs which it offers, you will need to fill this form out separately for each program.

For any questions regarding how to complete the program submission form, please contact **Izzy Burke** (iburke@aihec.org) or **Stephanie Dobos** (sdobos@aaip.org).



A SCREENSHOT FROM THE BETA VERSION OF THE GIS MAP WHICH INDICATES WHERE PATHWAYS PROGRAMS ARE BASED IN AN IHEART REGION.

PRESENTERS:



Jasmine Velasquez
(MEd)

**INDIGENOUS HEALTH PHD STUDENT,
UNIVERSITY OF NORTH DAKOTA**

CHELLE BROWN

**PHARMACY STUDENT,
UNIVERSITY OF MONTANA SKAGGS SCHOOL OF PHARMACY**



MARY RATTLER-LADUCER
(BSN, RN)

**PATHWAY DNP STUDENT,
UNIVERSITY OF MINNESOTA SCHOOL OF NURSING**

JANAKATE WALKER

**BACHELOR OF SOCIAL WORK STUDENT,
SITTING BULL COLLEGE**



STUDENT PANEL ON RESILIENCE IN STEM AND HEALTH SCIENCES EDUCATION

In this panel, Indigenous health sciences students from public health, nursing, social work, and pharmacy provided an opportunity to learn from their first-hand experiences about the challenges of pursuing a career in STEM and the health sciences. Topics of discussion included work/life balance, long-term goal setting, maintaining one's cultural identity in academic settings, and mentorship support.

Panelists each acknowledged the rewards and challenges of training in the health professions. They expressed excitement about "being part of the change." However, they also underscored the need for more Indigenous representation in their professions. This is particularly important during the most challenging healthcare situations when there is a greater need for understanding cultural nuances. They noted the value of family, community and cultural traditions in their coping and success.

The panelists also highlighted the importance of having culturally-informed mentors to guide their academic development and provide support and encouragement through the trials of higher education. The point was raised that sometimes multiple mentors are required to meet all of the unique needs of Indigenous students. Virtual mentorship and social media can provide access to both academic experts and cultural leaders who are outside students' immediate vicinity.

They also discussed how to maintain resilience in the face of challenges and setbacks in their academic pursuits. This sometimes involved readjusting expectations about the timeline of their education to accommodate other responsibilities in life (such as caring for family members), as well as maintaining a flexible mindset when deciding which academic specialization best suited their personal and professional life goals.

Another key point raised during the discussion was the importance of bringing resources and support to Indigenous students, rather than waiting for students to seek them out. Students can sometimes be hesitant to voice their needs, or may not feel confident enough to proactively seek out support. Helping students understand what kinds of career paths are available to them, even as early as elementary school, can help to instill the confidence and enthusiasm to propel them forward in their academic pursuits. Panel moderator, Jasmin Velasquez, issued a call to action for individuals who are not Indigenous and interested in increasing Indigenous representation: "Don't just be allies, be accomplices."

PLENARY SESSION: ANTI-DEI LEGISLATION & IMPLICATIONS FOR AI/AN INDIVIDUALS IN THE HEALTHCARE WORKFORCE

In this session, **Dr. David Acosta** (Chief Diversity and Inclusion Officer at the Association of American Medical Colleges) and **Dr. LeeAnna Muzquiz** (Associate Dean for Admissions, University of Washington School of Medicine) discussed the status of a number of proposed and currently instated state laws against Diversity, Equity and Inclusion (DEI) and shared recommendations for how educators and administrators in higher education can continue to support Native students in spite of obstacles.

At the time of this presentation, there were 84 bills introduced in 28 states and the U.S. Congress since 2023, 12 of which have been signed into law in Alabama, Florida, Indiana, Idaho, North Dakota, Tennessee, Texas, Utah, and Wyoming. Potential impacts could include: a decrease in applicants (particularly AI/AN applicants)

choosing medical schools in states with anti-DEI laws; the decrease or elimination of courses addressing biases, structural racism, discrimination in medicine, and health disparities; and attrition of AI/AN faculty at schools in these states.

Recommended actions to combat the impacts of this legislation included:

- Be cautious to not over-interpret the law (understand what it actually states, and what it doesn't address).
- Utilize the institutional legal counsel or other legal experts to clarify your interpretation of the law (this might require looking outside your university for support). This is particularly important in understanding how the political identity of individuals who are tribally enrolled or descended differs from definitions of race in anti-DEI policies.
- Consider new models for financing DEI programs and/or new ways of delivering DEI curricula and services.

The map to the right from [The Chronicle of Higher Education](#) indicates where anti-DEI Legislation has been proposed as of March 2024. The gray shapes indicate states where no legislation has been proposed; the lightest blue indicates where legislation has been introduced; the slightly darker blue indicates where legislation is pending final approval, and the darkest blue indicates where it has been signed into law. The brown shapes indicate where anti-DEI legislation has been tabled, failed to pass, or was vetoed.



**LEEANNA MUZQUIZ
(MD)**

ASSOCIATE
DEAN FOR
ADMISSIONS,
UNIVERSITY OF
WASHINGTON
MEDICAL
SCHOOL

**DAVID
ACOSTA
(MD)**

CHIEF DIVERSITY
AND INCLUSION
OFFICER,
ASSOCIATION OF
AMERICAN
MEDICAL
COLLEGES



FEATURED NOVEL PATHWAYS PROGRAMS FOR AI/AN STUDENTS IN HEALTH SCIENCES

ADDITIONAL PATHWAYS PROGRAMS ARE SAVED IN [THIS SUPPLEMENTARY GUIDE!](#)

>>> "DOCTOR FOR A DAY"

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Doctor for a Day (DFAD) is a program run by students at the University of Washington School of Medicine that partners with schools and community organizations across the greater Seattle area to host monthly workshops for underrepresented K-12 students interested in exploring careers in healthcare. In their workshops, K-12 students learn from physicians of color, health professional students, and medical residents and get introduced to skills such as suturing and ultrasound.

Of the 1,239 K-12 students who have attended at least one of the twenty-nine DFAD events between 2017-2023, only 1.4% have identified as AI/AN. After attending at least one DFAD event, 59% of AI/AN participants reported that they were more likely to attend college and pursue a career in a healthcare profession, 82% said they better understood what a doctor does, and 78% reported that they now felt that becoming a healthcare professional was an achievable goal for them.

DFAD recognizes how few Native youth have participated in their programming and have reflected on barriers students may face in accessing their workshops. With this in mind, they have organized a DFAD workshop specifically for Native students that will take place in May of 2024. This event will be facilitated by Native physicians who can provide unique insight and mentorship, with the goal of exposing and inspiring Native students towards healthcare careers.



WEBSITE: <https://equity.uwmedicine.org/doctor-for-a-day/>

"WE R NATIVE" <<<

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Storytelling, observation, and traditional practices are vital to the transmission of knowledge from one generation to the next. Today, Native youth are using digital pathways such as social media, websites, and online tools to help them navigate these changes. To support Native youth, the NPAIHB launched We R Native in 2012, a holistic health resource for Native youth by Native youth. The site includes content on the prevention of suicide, bullying, STDs, teen pregnancy, and drug and alcohol use. The service includes an interactive website (www.wernative.org), community engagement opportunities, an Ask Auntie Q&A service, a text message service (text NATIVE to 97779), a YouTube channel, and social media accounts (Facebook, Instagram, Twitter). Since its launch, the website has had more than 1 million page views, the SMS service has nearly 5,750 subscribers, and its health promotion messages reach more than 150,000 viewers per month across all social media accounts. We R Native bridges these traditional ways with innovative strategies to reach Native Youth where they are, as they just launched the career pathways resource page. This page inspires Native youth and young adults by sharing culturally relevant resources and opportunities to support their dreams in exploring pathways to becoming Native Public Health professionals.



In addition, WeRNative works closely with NPAIHB programs such as the NW Native American Research Center for Health striving to develop a larger cadre of NW tribal people who will engage in population health sciences and related research careers. The NARCH Public Health Research Academy is an extension of the NW NARCH to include tribal high school juniors and senior students. This population health sciences interactive research introductory program uses public health challenges and diseases of tribal health importance to introduce diverse topics in population health scientific research. The goal is to nurture and inspire future Native public health professionals. We R Native believes in Native youth and young professionals and are here to support them in their journey. Join them in learning more about lifting youths' voices to help our communities grow, thrive and flourish!

WEBSITE: <https://www.npaihb.org/wernative/>

FEATURED NOVEL PATHWAY PROGRAMS FOR AI/AN STUDENTS IN HEALTH SCIENCES

10

➤➤➤ “NATIVE AMERICANS INTO MEDICINE” UNIVERSITY OF MINNESOTA MEDICAL SCHOOL

Native Americans into Medicine (NAM) is a summer research experience hosted by the Center of American Indian and Minority Health (CAIMH) at the University of Minnesota Medical School with the objective of increasing undergraduate Native students' exposure to research and enhancing their academic skills. NAM began in 1973 to enhance the academic proficiency of AIAN undergraduate scholars and prepare them for advanced degrees and was revamped by CAIMH in 2018 to its current model. The research has a public health emphasis, and students are involved in all the steps of the project. NAM runs 7 weeks and students commit two summers. The summers alternate between a qualitative and quantitative focus. By the end of their time with the program, students have analyzed data, prepared oral presentations, and products for public dissemination. The research portion is also accompanied by sessions aimed at improving students' critical reading, thinking, and writing. In contrast to other academic programming, Indigenous research methods and data sovereignty are at the forefront of the NAM curriculum.

Another core tenant of the NAM program is the integration of community and culture. Indigenous professionals are brought in weekly to provide mentorship and support. CAIMH also hosts relationship building outings, provides cultural activities, and purchases books written by Indigenous authors. Purposefully integrating these components into the curriculum centers an Indigenous perspective and allows students to engage with research as their holistic selves.



WEBSITE: [Center of American Indian and Minority Health](https://caimh.umn.edu)

“CULTURAL AND ACADEMIC RESEARCH EXPERIENCE” <<< NORTHERN ARIZONA UNIVERSITY

The Cultural and Academic Research Experience (CARE) is a transformational academic partnership between the College of the Environment, Forestry and Natural Sciences (CEFNS), Office of Undergraduate Research and Creative Activity (OURCA), the NAU Honors College, and Arizona high schools. CARE provides a culturally inclusive learning environment and access to academically rigorous research experiences for high school students. The long-term goal is to increase the number of economically disadvantaged and underrepresented students, particularly among Native American communities, in STEM and health-related fields by engaging high school students in culturally sustaining research experiences that develop their science identity and self-efficacy, support their cultural identity, and create a sense of belonging in a university setting. CARE provides a pathway for diverse and talented students to connect and matriculate into post-secondary education.



CARE began in 2019 and in 2024, the program will expand in both breadth and depth through partnership with the Flinn Foundation, Army Educational Outreach Program (AEOP), and the American Chemical Society (ACS).

Previous cohorts reported gains in their science identity and science self-efficacy and a stronger cultural and ethnic identity than science identity.

Changes in participants' science identity, science self-efficacy, cultural identity, and sense of belonging in higher education and STEM will be evaluated to see if creating a living community supported by near peer mentors with similar identities leads to higher gains. Additionally, student enrollment in STEM programs and Honors Colleges in Arizona, and the expansion of faculty mentors across disciplines will be measured at the conclusion of the 2024 summer program and used to inform future iterations of the CARE experience. Since 2019, the program has included a virtual component developed during the COVID-19 pandemic.

WEBSITE: <https://nau.edu/chem-biochem/care/>

BREAKOUT ROOM DISCUSSIONS

»»» NOTES FROM REGIONAL BREAKOUT ROOM DISCUSSIONS

The [East Coast/Southern Plains](#) group noted that one challenge they face is the expansiveness of their region, as well as the fact that their region contains more urban schools than the other IHEART regions. This can present a unique set of challenges to Native students, who may be more isolated from Indigenous resources and support networks. They noted that developing a newsletter for the region, as well as a nationwide IHEART newsletter, could help maintain a sense of community within the region.

The [Southwest](#) regional group shared that they have had success maintaining connections within the region by meeting virtually on a monthly basis. These meetings serve as an opportunity to catch up on each other's pathways program development ideas and to discuss potential collaborations. They noted that one difficulty is coordinating the logistics for meetings and sharing information without having fulltime staff available to do so; they floated the idea of bringing on interns to support the Southwest region's activities. They also suggested that their region could host webinars on IHEART-related topics moving forward, in addition to having webinars hosted/organized by the national IHEART team.

The [California](#) group shared that many of their members are new to IHEART, so a priority will be getting new members oriented and scheduling regular meetings. They noted that there can sometimes be brain drain in the state of California due to the in-state schools being highly competitive with admissions, hence the need for strong pathways programs to support Indigenous students.

They emphasized their desire to focus not just on medical students, but all healthcare professions, including dentistry, nursing, and public health. To best support students, they want to collect more data on what kinds of fields students are interested in, and what types of programming would be most helpful to support them.

The [Northern Plains](#) discussion group indicated their interest in an IHEART newsletter which could include sections for each region to share updates with the larger group. This newsletter could be an effective way to share opportunities for AI/AN students across regions. They also noted it could be beneficial to have an appointed point of contact for each state as a way to organize IHEART coordination at a more granular level than the five regional groups. They suggested that as a way to onboard new IHEART members without taking too much time out of monthly meetings, members could each record a brief self-introduction which could be archived in Google Drive for new members to review before their first meeting with their regional cohort.

The [Alaska/Northwest](#) group shared ideas to support students such as creating a database of AI/AN-related research being conducted to help students find research mentors in their area of interest. They also noted it is imperative that students not only receive career guidance and academic support, but also broader financial and cultural support to help them manage their studies along with other life responsibilities (family obligations, cultural practices, basic living expenses, etc.). They also discussed developing entry-level positions to make them more like traineeships to provide students/recent graduates a pathway to higher level jobs in health.

»»» GENERAL TAKEAWAYS

- Regular meetings are an important way for IHEART colleagues to keep in touch and track progress.
- Google Drive is a useful free platform for file sharing within regions.
- A national (and potentially regional) IHEART newsletter will help facilitate better communication.
- In our pathway programs, we should be thinking about how to bring our resources to students (not the other way around).

LINKS TO FULL MEETING NOTES ARE AVAILABLE BELOW:

Day 1: Regional Breakouts

[East Coast/Southern Plains](#)

[Southwest](#)

[California](#)

[Northern Plains](#)

[Alaska/Northwest](#)

Day 2: Mixed Breakouts

[Group 1](#)

[Group 2](#)

[Group 3](#)

[Group 4](#)

[Group 5](#)

LET'S KEEP IN TOUCH!

SIGN UP HERE TO RECEIVE EMAIL NOTICES OF UPCOMING
EVENTS/PROGRAMS.

CHECK OUT IHEART'S **WEBSITE** FOR MORE INFO.



SAVE THE DATE

THE NEXT IHEART SUMMIT WILL TAKE PLACE ON

SEPTEMBER 4, 2024
IN SALT LAKE CITY, UT

THIS IHEART SUMMIT WILL SERVE AS A PRE-CONFERENCE EVENT TO THE

**AAIP 52nd Annual Meeting and
Health Conference (Sept. 5-8, 2024)**

REGISTRATION DETAILS FORTHCOMING.