IHEART
INDIGENOUS HEALTH, EDUCATION, AND RESOURCES TASKFORCE

ADVANCING HEALTH EDUCATION PATHWAYS FOR TRIBAL PEOPLE

EAST & SOUTHERN PLAINS IHEART HUB NEEDS ASSESSMENT

PREPARED FOR: Indigenous Health, Education, & Resources Taskforce
DATE: June 2026
SUBMITTED BY: Nokomis Strategies

NOKOMIS
STRATEGIES

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EXECUTIVE SUMMARY

This needs assessment was conducted by Nokomis Strategies on behalf of the East and Southern Plains IHEART hub to document the current landscape of health career pathway resources across the region, identify gaps and barriers, and offer recommendations for strengthening pathways into health careers for American Indian and Alaska Native people. It draws on a regional survey of 24 organizations, ten stakeholder interviews, and a systematic review of 129 resources across the 28-state corridor.

The East and Southern Plains region is one of the most geographically and tribally complex corridors in Indian Country spanning the Wabanaki Nations of Maine to the Choctaw Nation of Oklahoma. This is also the region most shaped by forced removal: the Trail of Tears and related policies displaced the nations that once called much of this corridor home, and the absence of tribal infrastructure across the mid-South states today is a direct consequence of that history.

Some of what this report documents is similar to Nokomis Strategies' assessment for the Alaska and Northwest IHEART hub: health career pathway support is concentrated at the postsecondary level while earlier engagement is severely underfunded; financial barriers extend well beyond tuition; mentorship from AI/AN health professionals is among the most powerful interventions available; and the resources that do exist are fragmented, difficult to navigate, and largely unknown to the students who need them. These are structural conditions of AI/AN health workforce development in the United States, and they show up with remarkable consistency across very different contexts.

What is distinctive to this region is the degree of variation in tribal infrastructure and federal recognition status, and what that variation means for pathway strategy. A health career pathway approach that works for a well-resourced Oklahoma nation will not work for a small Eastern nation still waiting for its first Title V compact. Several states in scope have no federally recognized tribes, no tribal health infrastructure of any kind. Any strategy that does not account for that variation will systematically miss the communities most in need.

In addition to the surveys and interviews, the directory compiled for this report is provided as a companion deliverable. Navigation support, early exposure programming that features Indigenous health professionals, sustained mentorship infrastructure, tribal workforce planning, and wraparound supports that address the full cost of the path are consistently identified across all three data sources as the highest-leverage investments the field can make. Across every data source, one signal came through clearly: organizations across this region are ready to work together, to build something more coordinated than what currently exists, and to make real change for AI/AN youth pursuing health careers.

Recommendations for the field and for IHEART specifically are provided in the final section of this report.

INTRODUCTION

Diverse health workforces produce better medicine for everyone. When the people delivering care, designing studies, and responding to outbreaks reflect the communities they serve, the entire system improves. Native providers bring distinct epidemiological knowledge, community-rooted perspectives on care design, and fundamentally different questions to clinical practice and public health response. This is not sentiment; it is how science improves.

And yet American Indian and Alaska Native people, who comprise approximately 2.9% of the national population, represent just 0.4%[1] of active physicians in the United States, with similar underrepresentation across nursing, behavioral health, public health, dentistry, and every other corner of the health professions. Without systemic change, researchers project it will take more than a century to close that gap in medicine alone. This is not accidental. It is the shape that generations of deliberate disinvestment take over time, the downstream consequence of policies designed to erode tribal institutions, economies, and the capacity of Native communities to invest in their own futures.

National organizations have worked for decades to move the dial, and their contributions are foundational. But even collectively, the result has been a landscape of disconnected efforts: scholarships that go unadvertised, pathways that dead-end, programs that don't know about each other. IHEART was formed to change that.

The Indigenous Health, Education, and Resources Taskforce (IHEART) is a national collaborative established in 2021 to address the scarcity of AI/AN people across the health professions. Launched with support from the Robert Wood Johnson Foundation and formed in partnership with the Association of American Medical Colleges, the Association of Native American Medical Students, the Association of American Indian Physicians, the American Indian Higher Education Consortium, and the Indian Health Service, IHEART operates through five regional networks, each working to strengthen pathways in their regions.

The East and Southern Plains region spans 28 states, from the Wabanaki Nations of Maine to the Choctaw Nation of Oklahoma, encompassing dozens of tribal nations, urban Indian communities, and a landscape that resists easy generalization. Some nations in this region have robust tribal governments, established IHS relationships, and health infrastructure built over decades. Others are state-recognized, primarily urban-serving, or operate mainly outside the federal Indian health system, and are therefore largely invisible in the national data and funding frameworks that determine where workforce investment flows. The barriers facing a Wabanaki student in rural Maine, an urban Indian student navigating systems in New York City, and a Choctaw Nation student in southeastern Oklahoma are not identical, even if they share the same aspiration and the same right to a clear path into a health career.

This region is also a place of live and consequential change. In December 2025, the Lumbee Tribe of North Carolina, the largest tribe east of the Mississippi, received full federal recognition after decades of advocacy. For the Lumbee, this shift opens access to federal programs, funding streams, and relationships that were previously unavailable — and it also illustrates how much the current system ties resource access to federal recognition status, and how much work remains to translate that access into real opportunity on the ground.

1 Lopez-Carmen VA, Redvers N, Calac AJ, Landry A, Nolen L, Khazanchi R. Equitable representation of American Indians and Alaska Natives in the physician workforce will take over 100 years without systemic change. Lancet Reg Health Am. 2023 Oct 8;26:100588. doi: 10.1016/j.lana.2023.100588. PMID: 37876672; PMCID: PMC10593564.

This needs assessment was commissioned by the East and Southern Plains IHEART hub to begin building a clearer picture of the regional landscape: what health education resources and pathway programs currently exist, where the gaps are, what barriers Native people face from early exposure through early career, and where the opportunities for stronger investment and coordination lie. It draws on survey responses from organizations across the region, stakeholder interviews with people doing this work on the ground, and a systematic review of existing resources across all 28 states in scope.

ABOUT THIS ASSESSMENT

This assessment draws on three complementary sources of data, each chosen to answer a different question about the regional landscape.

The regional survey targeted organizational diversity across geography, organization type, and community context. Outreach engaged dozens of organizations across the East and Southern Plains corridor, selected to achieve a representative sample across organization type, geographic location, and services delivered. 25 responses were received from 24 organizations representing seven states directly and nine national-scope organizations serving the full corridor. Survey data provides a broad landscape view of barriers, program offerings, partnership interest, and organizational capacity.

Ten stakeholder interviews were conducted with tribal health professionals, educators, workforce development staff, scholarship program directors, federal agency staff, and community organization leaders. Interviews were semi-structured, conducted by phone or video, and findings are presented thematically without individual attribution to protect respondent confidentiality.

A systematic review of health education and career pathway resources was conducted across all 28 states in scope, covering tribal health programs, urban Indian organizations, scholarships and financial support programs, state Indian affairs offices, and regional nonprofits with documented health workforce programming. The resulting directory contains 129 entries and is provided as a companion deliverable to this report. 20 organizations have expressed interest in being included on the IHEART resource map.

Data collection was conducted with attention to data sovereignty principles. Survey findings are presented in aggregate form; individual responses are retained by Nokomis Strategies and will not be shared or attributed without explicit permission. Interview findings are presented thematically without individual attribution. The directory includes only publicly available organizational information.

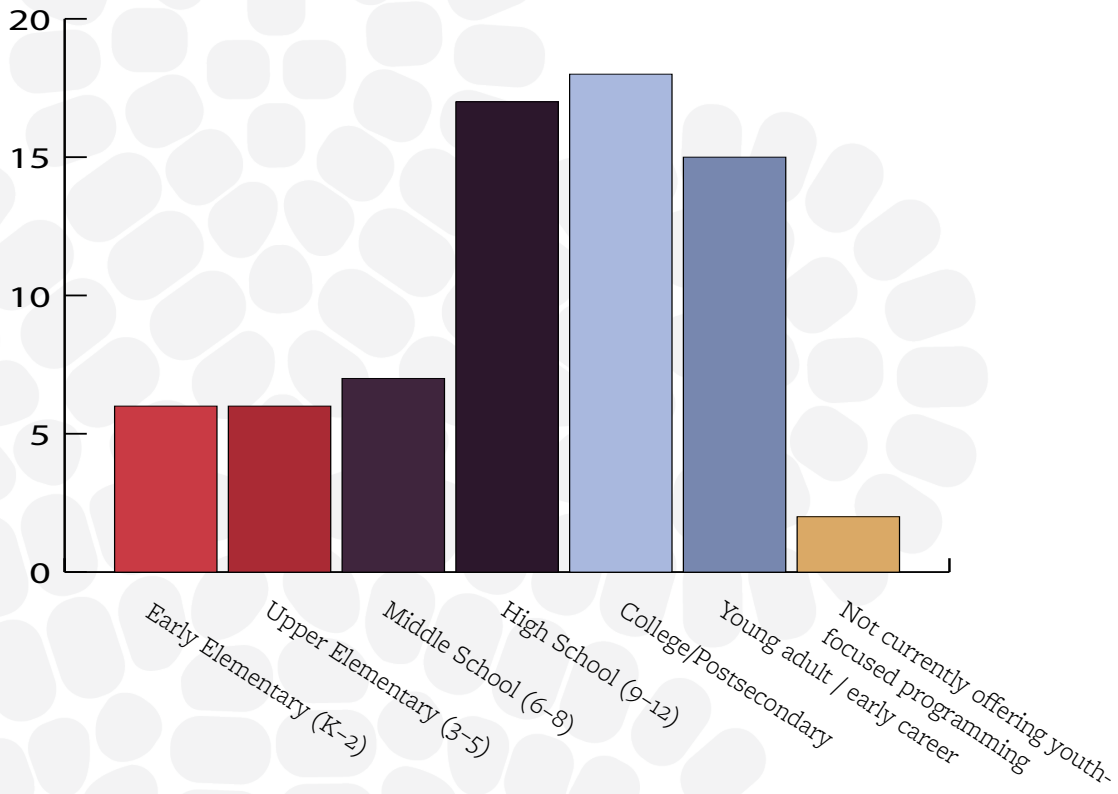
SURVEY RESULTS

Twenty-five people from 24 organizations responded to the ESP survey, representing tribal nations, academic medical centers, nonprofits, government agencies, and urban Indian organizations across the region. The survey was designed to capture organizational perspective: what program staff, career counselors, health directors, and tribal administrators see from where they sit. Georgia, Florida, South Carolina, and the Gulf Coast corridor are underrepresented in the sample, a gap consistent with broader regional outreach challenges.

Three findings emerged that are consistent, well-supported, and actionable.

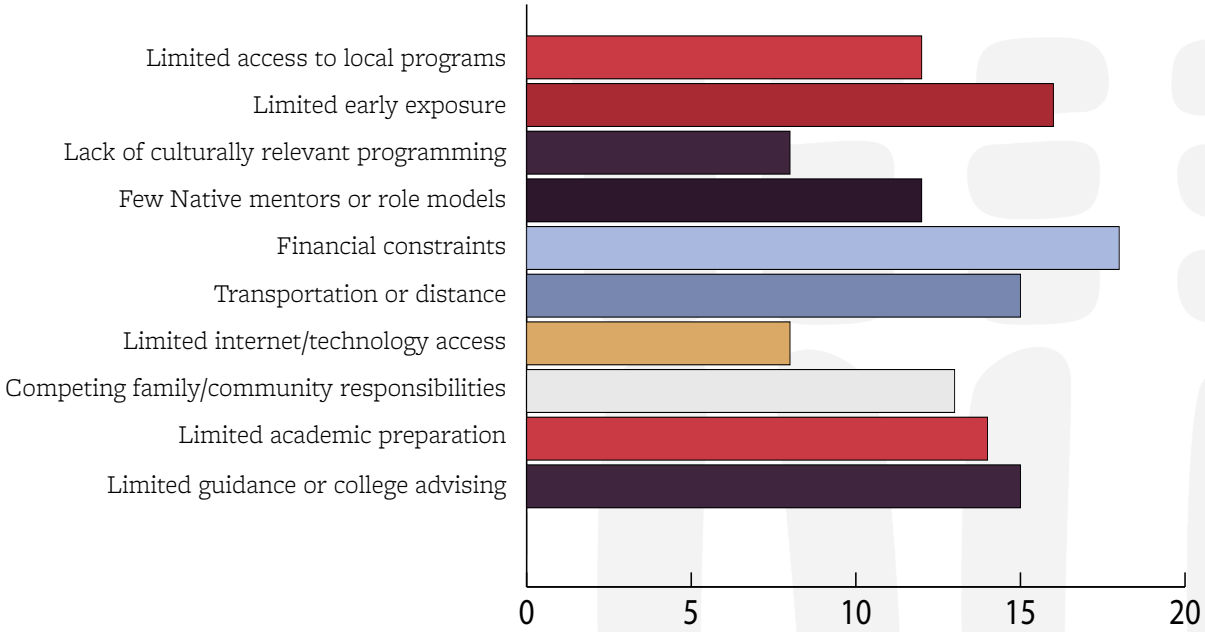
THE PATHWAY STARTS TOO LATE.

Support is heavily concentrated at the postsecondary level. College and young adult engagement is the norm; elementary engagement is the exception. This finding mirrors what the Alaska region documented almost exactly, lending it cross-regional weight. Financial barriers, prerequisite gaps, and lack of early exposure don't materialize in college — they compound over years of insufficient support before students ever get there.



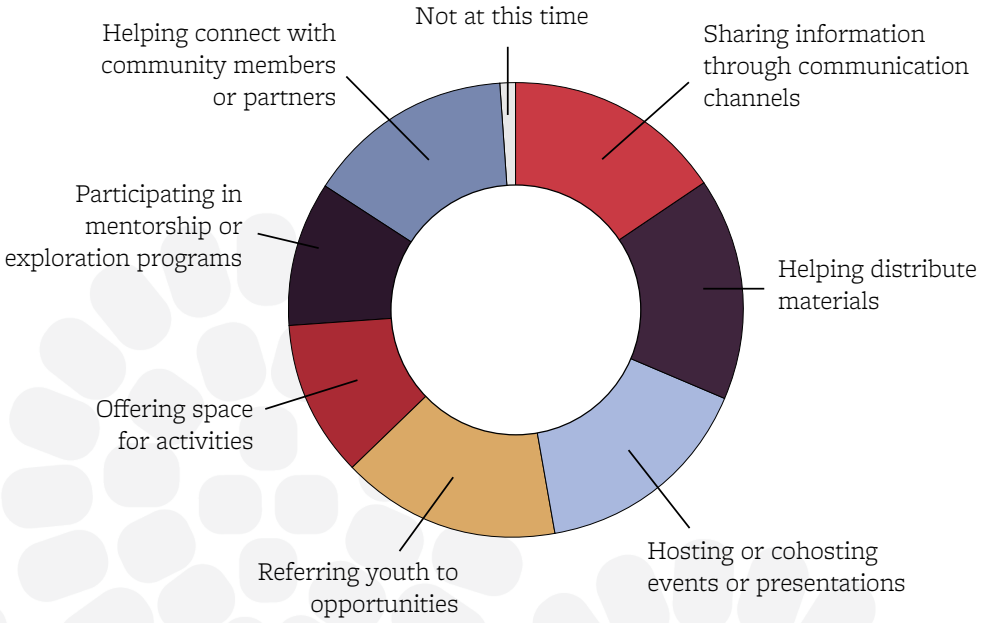
FINANCIAL PRESSURE IS THE DOMINANT BARRIER, BUT IT DOESN'T TRAVEL ALONE.

Financial constraints led by a wide margin, named by roughly half of all respondents. But early exposure gaps and inadequate academic preparation clustered just behind, followed by limited guidance and advising, access, transportation, family responsibilities, and prerequisite requirements. The picture is one of compounding disadvantage: addressing any one of these without the others produces limited results. Cultural relevance and the absence of Native mentors also appeared as barriers, corroborated in nearly every interview — students who don't see people like them in health careers often don't see themselves there either.



THE WILL TO PARTNER IS THERE. THE INFRASTRUCTURE IS NOT.

When asked about interest in collaboration, the response was strong across nearly every partnership type: early exposure programming, culturally relevant content, mentorship from Native professionals, financial support, job shadowing, and advising. Organizations across very different contexts and capacities signaled readiness to work together. What they don't have is the connective tissue to make that happen. Programs across the region are doing real work but largely in isolation, uncoordinated and unaware of each other. The coalition appetite in this survey is a genuine asset.



STAKEHOLDER INTERVIEWS

Nokomis Strategies conducted ten stakeholder interviews with individuals who touch the career development trajectory of AI/AN people across the ESP region at different points and in different ways. Interviews were semi-structured, conducted by phone or video, and findings are presented thematically without individual attribution to protect respondent confidentiality. The table below orients the reader to who participated; these descriptors are used as shorthand throughout the sections that follow.

ROLE	ORGANIZATION TYPE	REGION	CONNECTION TO WORKFORCE DEVELOPMENT LENS
Career counselor	Large tribal nation	Southern Plains	Direct student advising and career navigation for tribal citizens pursuing education and health careers
Enrollment and citizen services director + health director (two perspectives, one organization)	Small, recently federally recognized tribal nation	Southeast	Tribal citizen services, scholarship access, and early-stage health infrastructure development
Native American health liaison and patient safety director	Academic medical center	Northeast	Institutional roadmap building, community outreach, and Native student recruitment and retention
Research and internship coordinator	Tribally-led public health organization	Northeast	Internship program design, mentorship coordination, and early career pathway development
Federal tribal health affairs leader	Federal agency	National	Federal health workforce policy, loan repayment programs, and tribal affairs coordination
Scholarship program leader	Federal agency	National	Federal scholarship administration and health professions pathway funding
Tribal scholarship program director	Tribal nation	Southeast	Scholarship administration, high school outreach, and internship development
Community-based education practitioner	Nonprofit community education organization	Northeast	Foundational youth development and early educational persistence for Indigenous youth
Workforce development coordinator	Public university	Southern Plains	Tribal workforce training, credential programs, and employer-facing career development
Director	University-based Native American center	Southeast	Native student support, community health programming, and university-tribal partnership development

THEME 1: STRUCTURAL & POLICY BARRIERS

The most significant barriers facing AI/AN students in this region are not about academic preparation or program availability. They are built into the policy frameworks and institutional histories that determine who gets resources, who gets hired, and who gets seen. Federal recognition sets a process in motion but does not deliver infrastructure — the enrollment director at a recently recognized Eastern nation described a tribe still focused entirely on triaging elder care a full decade after recognition, with youth programming a genuine priority but not yet organizationally possible. The IHS scholarship leader confirmed that federal investment flows primarily to students connected to federally recognized tribes with established IHS relationships, leaving state-recognized tribes, urban Indian communities, and recently recognized nations largely outside the systems designed to support them. And even at large, well-resourced nations, the training continuum can dead-end at the hiring stage: the Oklahoma career counselor described a period when sixty to seventy percent or more of employees at tribal health facilities were non-tribal, with qualified tribal applicants routinely passed over.

THEME 2: THE FULL COST OF THE PATH

Scholarships cover tuition. They do not cover the rest of it. Interviews consistently surfaced the non-tuition costs that determine whether a student can actually stay on a pathway: transportation barriers between tribal communities and campuses, inconsistent childcare arrangements that collapse without warning, housing support that varies year to year, and the relational weight of leaving a community where you are needed. The Oklahoma career counselor described a mother asking who would take care of her daughter's younger siblings if she went away to get her degree — a question that captures how family obligation, not lack of ambition, shapes educational decisions in these communities. The federal health affairs leader described arriving at medical school with a scholarship and strong preparation, only to find that without a Native peer community, the isolation became untenable. The Maine education practitioner named the furthest upstream version of this problem: in his region, the proximate barrier to a health career is not program access but whether a young person has enough stability and sense of future to engage with any of it.

THEME 3: VISIBILITY, EARLY EXPOSURE, & BELONGING

Students cannot aspire to careers they have never seen. The academic medical center liaison described visiting high schools where students, when asked to name health careers, almost universally say doctor or nurse — the full breadth of the field invisible to them until someone deliberately puts it in front of them. Her own path into nursing began with a single labor and delivery nurse who made her feel valued and seen in a medical setting, an experience she described as genuinely unfamiliar. The Northeast internship coordinator found public health by accident in her first semester of college and learned about the internship that changed her trajectory through a forwarded email from a cousin. The tribal scholarship director described students at her tribe's first career fair encountering familiar community members in careers they had never imagined — saying, over and over, "I didn't know you were a nurse." Survey data corroborates this at scale: cultural relevance and the absence of Native mentors were both named as significant barriers, and early exposure programming and mentorship from Native professionals drew near-universal partnership interest. Cultural belonging functions as a prerequisite alongside visibility — multiple interviewees described students needing to see their identity respected and reflected in educational environments as a condition for persistence, not a supplement to it.

THEME 4: WHAT'S ALREADY WORKING

The barriers in this report are real. So are the models being built to address them. The Northeast internship coordinator's organization runs a paid, culturally grounded summer internship that pairs professional development and cultural programming as equal priorities, with deliberate mentorship matching and support structures that extend beyond the program period — and is now expanding under a new grant. The tribal scholarship director has built a program that funds unlimited degrees, partners with the tribe's own health department for internships, and runs an annual career fair that has become a visible early exposure mechanism for the community. The academic medical center liaison converted a two-person initiative into an institutional scholarship covering tuition, stipend, and housing, with employment upon graduation built in as a retention mechanism. The Maine education practitioner's organization is doing the upstream work that makes any workforce program possible: building psychological safety, community connection, and educational persistence for young people who would otherwise never reach a pathway program at all. What these models share is intentionality — they are paid, culturally grounded, relationship-centered, and designed around the full reality of what it takes to pursue a health career from inside a Native community. Survey data suggests the region is ready for more: partnership interest was near-universal across organization types, with the will to collaborate clearly present and the infrastructure to support it still missing.

EXISTING RESOURCES OVERVIEW

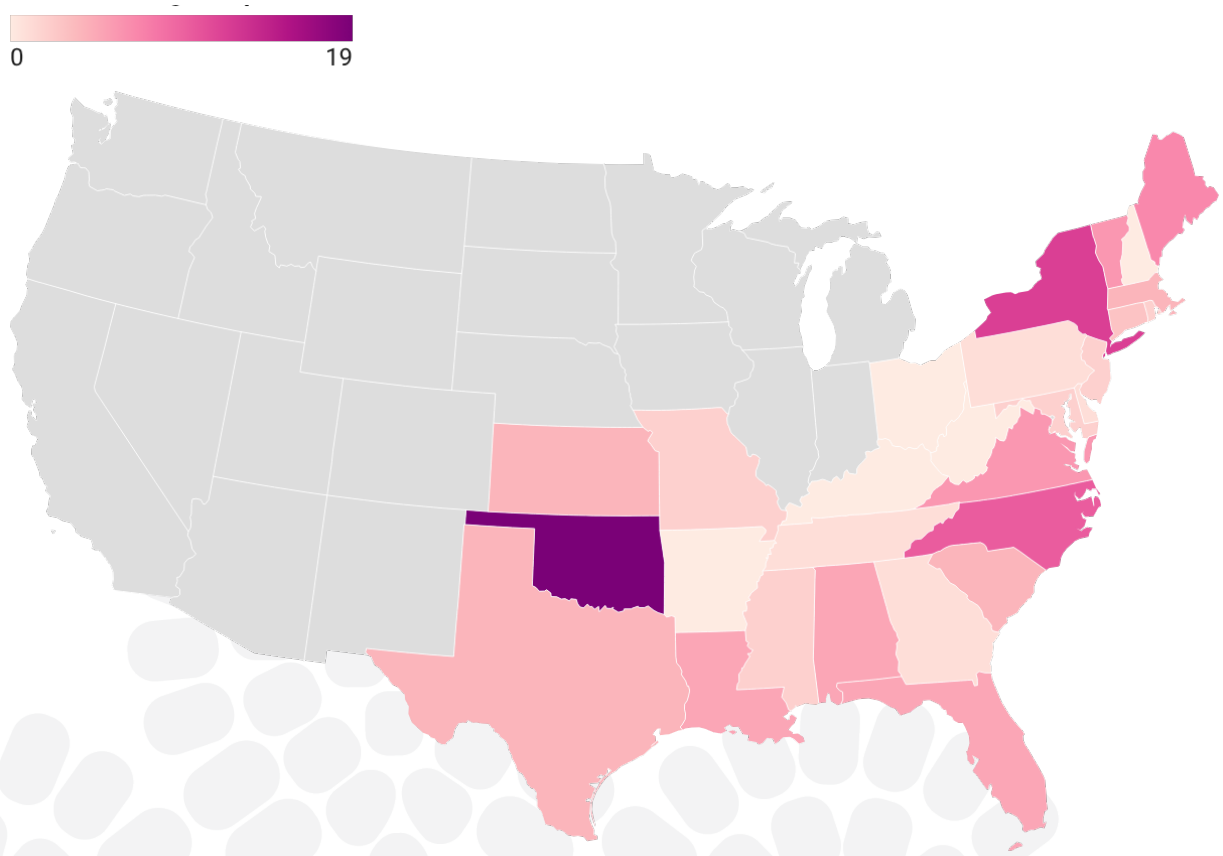
A companion directory of 129 health education and career pathway resources across the 28-state corridor is provided as a separate deliverable. It spans tribal nations, academic institutions, federal programs, urban Indian organizations, nonprofits, and scholarship funds at national, regional, state, and tribal levels, and is intended as a living document for ongoing use by IHEART and regional partners.

The directory reflects where investment has concentrated. Oklahoma, the Northeast, and North Carolina have meaningful depth. The Gulf Coast corridor has directory presence but limited pathway programming. And six states in scope, including Arkansas, Ohio, Kentucky, West Virginia, New Hampshire, and Delaware, have effectively no relevant entries. This is not a research gap. It reflects a real absence of infrastructure, the direct consequence of forced removal policies that displaced the nations that once called these states home and left the AI/AN people who remain there largely outside the federal Indian health system that anchors healthcare workforce engagement and investment elsewhere.

The directory is a map of resources. What it cannot show is coordination. The 129 entries largely operate independently, without shared awareness of each other and without systems for connecting students to the full range of what is available to them. That gap is addressed directly in the recommendations that follow.

HEALTH EDUCATION & CAREER PATHWAY RESOURCES BY STATE

Directory entries by state across the 28-state East and Southern Plains corridor. Includes tribal health programs, academic institutions, scholarships, urban Indian organizations, and nonprofits with documented health workforce programming. National and multi-state programs (21 entries) are not reflected in state-level counts. States shown in gray have no identified resources within the scope of this assessment.



CONCLUSIONS

Across the survey, interviews, and directory, a consistent picture emerges: the ESP region has real assets, a landscape of organizations ready to work together, and students who deserve clearer paths into health careers. What's missing is the infrastructure to connect those assets, the navigation support to make them accessible, and the sustained investment to make them durable.

Build navigation, promotion, and outreach infrastructure.

A regularly updated resource hub consolidating federal, tribal, state, and regional scholarships, internships, and pathway programs would directly address one of the most consistent findings in this report: resources exist and students cannot find them. Active promotion through tribal education departments, urban Indian organizations, and regional networks is essential — a resource that is not distributed has the same problem as the resources it is trying to surface. Dedicated navigator capacity, even if modest, would help students move through complex application processes and stack resources across multiple sources. Where navigators are Indigenous or embedded in tribally-led organizations, the evidence suggests impact is meaningfully greater.

Expand early exposure programming that features Native health professionals.
Support is concentrated at the postsecondary level across the region. Programming that reaches students before high school, shows them the full breadth of health careers beyond doctor and nurse, and features AI/AN people working in those roles is consistently identified as a gap and a priority.

Support tribal workforce planning as a core strategy.
Identifying what health roles a community will need in five to ten years and building pathways to prepare citizens for those jobs before the need becomes acute changes the workforce conversation fundamentally. It gives students a clear line of sight from training to employment in their own community, addresses the mobility and family obligation barriers documented throughout this report, and tackles the structural problem of tribal health facilities staffed primarily by non-tribal employees. Technical assistance, peer learning across nations, and accessible planning frameworks would help make this approach available beyond the largest and most resourced nations.

Design programs around the full cost of the path.
Stipends, housing assistance, childcare, and transportation are not optional add-ons. They are the difference between a student who can say yes to an opportunity and one who cannot. Programs that treat wraparound supports as design requirements rather than afterthoughts consistently produce better outcomes. Funders need to understand that financial barriers in this population extend well beyond tuition eligibility.

Build sustained, intentional mentorship infrastructure.
One trusted person changes trajectories. Interviews consistently pointed to mentorship as a critical and underbuilt support. What the region needs is mentorship that is structural rather than incidental: deliberate matching, sustained relationships, and active maintenance of connections after formal program periods end. AI/AN health professionals as mentors matter in a specific and documented way — students who have never seen an Indigenous person in a health role struggle to picture themselves in one.

Invest in coalition and coordination.
Organizations that participated in this survey want to work together. This data consistently points toward lack of a regional entity that can hold the connective tissue, help programs find each other, and reduce the duplication of effort that comes from everyone solving the same problems independently.

On systemic conditions.
Two realities fall outside any single organization's capacity to change but deserve naming. IHS scholarship appropriations have remained essentially flat since the late 1970s while demand has grown substantially. And federal recognition sets a process in motion but does not deliver infrastructure — the translation of recognition into functional health systems and workforce capacity takes a decade or more. Advocacy for funding that keeps pace with demand, and honest accounting of the recognition-to-infrastructure runway in every health career pathway conversation, are contributions the full field can make.

RECOMMENDATIONS FOR IHEART

Given IHEART's current capabilities and the national context in which it operates, the following recommendations reflect what is most realistic and impactful for the coalition in the near term.

Serve as connector and navigator.
IHEART is uniquely positioned to hold the connective tissue that this report's findings consistently identify as missing. That means actively maintaining and promoting the companion directory through regional networks, hosting convenings that bring practitioners together around shared questions, and brokering relationships across the corridor that would not happen otherwise. A student in Maine should not have to discover resources through a cousin's forwarded email. An organization in Virginia should not have to reinvent programming that a nation in Oklahoma has already built and refined. IHEART can be the body that closes those gaps.

Amplify the findings.
This report's evidence is a tool. The case it makes — that financial barriers extend well beyond tuition, that early exposure is severely underfunded, that the recognition-to-infrastructure runway is real, and that existing federal resources are dramatically underutilized — is specific, regionally grounded, and worth putting in front of funders, partners, and member organizations at every opportunity. IHEART members can take these findings back to their own institutions and use them as evidence for what needs to be shored up locally, regionally, and across the field.

Elevate Indigenous health leaders.
IHEART is a room full of exactly the people this report identifies as transformative: AI/AN health professionals whose stories, visibility, and presence change what young people believe is possible for themselves. Actively surfacing and sharing those stories — through spotlights, speaking opportunities, connections between established professionals and students — is itself an intervention, and one well within IHEART's reach without requiring significant new infrastructure.

This report is a starting point. The work it describes is already underway across this region, carried by people who refused to wait for a perfect system. A research coordinator at a tribally-led public health organization in the Northeast, who found her way into public health through a cousin's forwarded email and an internship that changed her life, described the goal of pathway programs this way: to show young people that there are many paths, that there are people rooting for them, and that they can eventually become the people building pathways for the next generation. That is the work. It is already underway. This report is an attempt to help it go further.

APPENDIX A: SURVEY QUESTIONS

PROJECT OVERVIEW

Nokomis Strategies is conducting a regional assessment in partnership with the Indigenous Health, Education, and Resources Taskforce (IHEART) – East Regional Hub to better understand health education and health career pathways serving American Indian and Alaska Native (AI/AN) youth and young adults.

The purpose of this work is to develop a clearer picture of:

- Existing programs and resources
- Gaps and unmet needs
- Barriers to accessing health career pathways
- Opportunities for collaboration and growth across the East region

Your input will help inform a regional directory, a needs and opportunities assessment, and practical recommendations to strengthen pathways into health professions.

ABOUT THE SURVEY

This brief survey is intended for Tribal Nations, Tribal Health Organizations, Urban Indian Organizations, educational institutions, nonprofits, and partner organizations that serve AI/AN communities.

The survey is designed to help answer key questions such as:

- Who is currently serving Native youth in health education and health career pathways?
- What programs and activities exist today?
- What supports, mentorship, and early exposure opportunities are needed?
- What barriers limit access to health career pathways?
- What partnership capacity exists across the region?

The survey should take approximately 8–10 minutes to complete.

IHEART HEALTHCARE PROFESSIONS MAP

IHEART maintains a Healthcare Professions Map to help educators, students, and communities identify health pathway programs and resources.

In this survey, we ask whether your organization would be comfortable being included on this map. Participation is optional, and information will only be added with permission.

PARTICIPATION & USE OF INFORMATION

Participation is voluntary.

There are no right or wrong answers.

Responses will be used in aggregate to inform regional findings and recommendations.

Open ended responses help ensure local and community context is reflected in this work.

If you have questions about this survey or would like to share additional information, please use the contact information provided at the end of the survey.

Some respondents may be invited to participate in a brief follow up conversation to share additional context. Interest in a follow up interview can be indicated within the survey.

Thank you for sharing your time and perspective. Your insight is an important part of strengthening health career pathways for Native youth and communities across the East region.

SURVEY CONTENT

SECTION 1: ORGANIZATION INFORMATION

1. Your name
2. Title/role
3. Organization
4. Email
5. Phone (optional)
6. Organization type
   - Tribal Nation
   - Tribal Health Organization
   - Urban Indian Organization
   - Nonprofit / Community Based Organization
   - College / University / Tribal College
   - K–12 School or District
   - Government Agency
   - Other (please specify)

7. Geographic area served
   (Select all that apply)
   - States
   - Tribal homelands
   - Counties
   - Region (as defined by HHS, or other service region standards)
   - Entire US

SECTION 2: CURRENT PROGRAMS & ACTIVITIES

8. Does your organization currently offer education, career exploration, or workforce development activities?
   - Yes
   - No

9. If yes, which types of activities?
   (Check all that apply)
   - Early education or youth engagement
   - K–12 education programs
   - College student support
   - Career exploration or readiness programs
   - Workforce development or training programs
   - Health-related programs
   - Other (please describe)

10. At what ages or grade levels do your programs typically engage youth?
    (Check all that apply)
    - Early Elementary (K–2)
    - Upper Elementary (3–5)
    - Middle School (6–8)
    - High School (9–12)
    - College/Postsecondary
    - Young adult / early career
    - Not currently offering youth-focused programming
    - Other (please describe)

11. Do any of your programs specifically support health education or health career awareness?
    - Yes
    - No
    - Unsure
      (If yes, please briefly describe – if we can include a text field here in survey monkey after the a b c choice?)

12. Please provide links to any program pages or materials (optional).

SECTION 3: HEALTH PATHWAYS — EXISTING RESOURCES & OPPORTUNITIES

13. Are you aware of any programs, partnerships, or resources in your area that help Native youth explore or pursue health careers?
    - Yes
    - No
    - Unsure
      (If yes, please list examples.)

14. In your view, what opportunities would most help Native youth explore or pursue health careers?
    (Check all that apply)
    - Early exposure to health and science careers
    - Culturally relevant content and materials
    - Mentorship from Native professionals
    - Job shadowing, site visits, or hands on

experiences
- Internships or apprenticeships
- Financial support (scholarships, stipends)
- College and career advising
- Local partnerships with schools, colleges, health programs
- Community events or presentations
- Other (please describe)

15. What types of early exposure activities would be most effective in your region? (Check all that apply)
    - Social media or short form videos on health careers
    - Youth focused health career activities (coloring books, games, etc.)
    - School based presentations
    - Clinic or health facility based opportunities
    - Job shadowing or mentorship opportunities
    - Other – fill in the blank

16. Does your community currently have access to Native or culturally relevant health professionals who can mentor or speak with youth?"
    - Yes
    - Somewhat
    - No
    - Unsure

17. Which health professions do youth in your community express the most interest in? (Check all that apply.)
    - Medical careers (e.g., physician, physician assistant, nurse practitioner)
    - Nursing careers (RN, LPN, BSN)
    - Behavioral health careers (counselor, therapist, psychologist)
    - Public health careers
    - Dental health careers (dentist, hygienist, assistant)
    - Health sciences / clinical support careers
      (e.g., imaging technician, lab technician, respiratory therapist)
    - Pharmacy careers (pharmacist, pharmacy technician)
    - Physical/occupational therapy careers
    - Health information or health IT
    - Traditional healing roles (please specify)
    - Other health professions (please specify)
    - Unsure/don't know

18. Which health professions are most lacking representation among AI/AN individuals in your region?
    (Check all that apply.)
    - Medical careers (e.g., physician, physician assistant, nurse practitioner)
    - Nursing careers (RN, LPN, BSN)
    - Behavioral health careers (counselor, therapist, psychologist)
    - Public health careers
    - Dental health careers (dentist, hygienist, assistant)
    - Health sciences / clinical support careers
    - (e.g., imaging technician, lab technician, respiratory therapist)
    - Pharmacy careers (pharmacist, pharmacy technician)
    - Physical/occupational therapy careers
    - Health information or health IT
    - Traditional healing roles (please specify)
    - Other health professions (please specify)
    - Unsure/don't know

SECTION 4: BARRIERS & CHALLENGES

19. What do you see as the biggest barriers for Native youth in accessing health career pathways?
(Check all that apply)
    - Limited access to local programs
    - Limited early exposure
    - Lack of culturally relevant programming
    - Few Native mentors or role models
    - Financial constraints
    - Transportation or distance
    - Limited internet/technology access
    - Competing family/community responsibilities
    - Limited academic preparation
    - Limited guidance or college advising
    - Other (please describe)

20. Which structural or policy-related factors, if any, limit health career pathway opportunities for youth or young adults in your region?
(Check all that apply)
    - School district policies or scheduling constraints (e.g., limited time for career exploration, clinical experiences, or off-campus learning)
    - Credentialing or licensure requirements that are difficult to navigate
    - College or training program prerequisites that create barriers for students
    - Limited agreements or partnerships between schools, colleges, and health systems
    - Age, liability, or compliance restrictions that limit youth participation in clinical settings
    - State or local education policies that limit pathway flexibility
    - Workforce or healthcare regulations that restrict hosting interns, trainees, or observers
    - This is not a significant barrier in our region
    - Unsure
    - Other (please describe)

21. Which workforce-related challenges, if any, limit your ability to support youth health career exploration in your community?
    - Shortage of healthcare professionals available to mentor youth
    - Limited staff capacity to coordinate or supervise youth activities
    - Healthcare professionals lack time due to clinical workload
    - Difficulty hosting youth in clinical or workplace settings
    - High staff turnover affects continuity of mentoring
    - Workforce shortages in rural or remote areas
    - This is not a significant barrier in our community
    - Unsure
    - Other (please describe)

22. If you'd like, describe one barrier in your own words.
(Short answer)

SECTION 5: PARTNERSHIP POTENTIAL

23. Would your organization be interested in partnering to support health career pathway activities?
(Check all that apply)
    - Sharing information through communication channels
    - Helping distribute materials
    - Hosting or co hosting events or presentations
    - Referring youth to opportunities
    - Offering space for activities
    - Participating in mentorship or exploration programs
    - Helping connect with community members or partners
    - Not at this time
    - Other (please specify)

24. What types of support from regional (or national) partners would be most helpful? (Check all that apply)
    - Access to culturally grounded materials
    - Connections to health professionals
    - Coordination support (communications, scheduling)
    - Funding or mini grants
    - Training or technical assistance
    - Shared outreach materials
    - Centralized directory or information hub
    - Other (please describe)

25. Is there anything else you think is important for us to understand about health career pathways for Native youth in your community or region? (Short Answer)

26. Would you be comfortable with your organization being included on the IHEART Healthcare Professions Map (https://www.iheartnativeworkforce.org/map/)?
    - Yes
    - No

27. Would you be willing to participate in a follow up interview?
    - Yes
    - No

28. Preferred contact method for follow up
    - Email
    - Phone
    - Text
    - Other

APPENDIX B: STAKEHOLDER INTERVIEW GUIDE

Interviews were semi-structured and tailored to each interviewee's organizational context and role. The following questions represent the core framework used across all interviews, with additional probes developed based on each interviewee's background and organizational type.

WELCOME & FRAMING

Interviews opened with a brief orientation: the goal was to understand context and lived experience not easily captured through surveys. Interviewees were informed that nothing shared would be quoted or attributed directly without permission, and that findings would be presented in aggregate and thematic form. All participants were invited to skip any question or redirect toward what felt most relevant.

BACKGROUND & PERSONAL PATHWAY

Could you briefly describe your role and how your work connects to education, workforce development, or health-related pathways?

For interviewees with a personal pathway into health or health-adjacent work: What drew you into this field, and what shaped the direction your career took? Were there key moments where certain paths became visible to you — or where barriers made other paths harder to pursue?

WHAT PATHWAYS LOOK LIKE IN PRACTICE

From your perspective, what do health career pathways currently look like for Indigenous people in your community or region? Where do people most often enter these pathways, and where do they tend to get stuck or fall out?

GAPS & UNMET NEEDS

Where do you see the most significant gaps or unmet needs in supporting people to explore or pursue health-related careers? This might include early exposure, transitions between education and workforce, academic preparation, advising, financial support, or navigation across systems.

BARRIERS

What barriers most limit access to health career pathways in your experience? Probes included structural or policy barriers, workforce capacity, cultural relevance and trust, and logistical challenges such as distance, transportation, housing, and family responsibilities.

MENTORSHIP & REPRESENTATION

What role do mentors or health professionals currently play in exposing people to health careers, and where are the gaps? Have you seen examples of mentorship or representation that made a meaningful difference?

ORGANIZATIONAL & SYSTEMS PERSPECTIVE

What makes it difficult for organizations like yours to sustain this kind of pathway work over time? What changes — within or beyond your organization — would most realistically strengthen health career pathways for Indigenous people?

CLOSING

Is there anything we did not ask that feels important for IHEART to understand? Interviews closed with a brief note on how findings would be shared and an open invitation for interviewees to stay connected with the IHEART network.

APPENDIX C: DIRECTORY METHODOLOGY

The Health Education Resources Directory was developed as a companion deliverable to this needs assessment and covers all 28 states in the project scope: Alabama, Arkansas, Connecticut, Delaware, Florida, Georgia, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia.

The directory was built through a systematic search across the following categories in each state: federally and state-recognized tribal nations and their health programs; Urban Indian Organizations; tribal colleges and universities; Health Careers Opportunity Programs (HCOP) at medical and nursing schools; AAIP-affiliated programs; state Indian affairs commissions and offices; regional nonprofits and CBOs with health education or workforce pathway programming; and scholarships and financial support available to AI/AN students pursuing health careers.

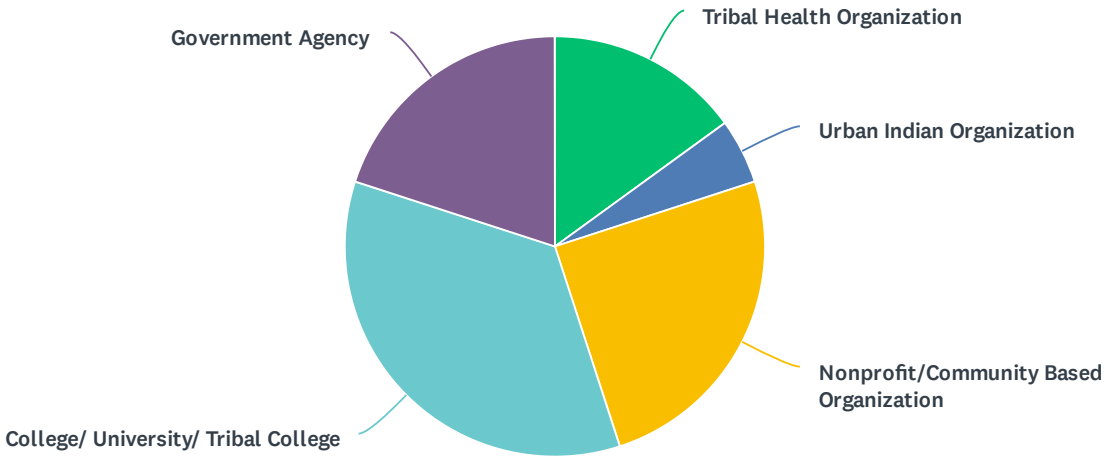
Entries are organized by organization type and state, and include contact information, program description, and health career pathway relevance where available.

A note on limitations: The directory reflects information available as of May 20, 2026. Program details, particularly scholarship amounts, deadlines, and staff contacts, change frequently. Nokomis Strategies recommends that IHEART designate a point of contact for annual updates. Coverage of the Southeast corridor should be considered a strong starting point rather than a comprehensive accounting, given the prevalence of state-recognized tribes in that region whose programs are not tracked in federal databases.

APPENDIX D: AGGREGATE SURVEY RESULTS

Q2 18 responses

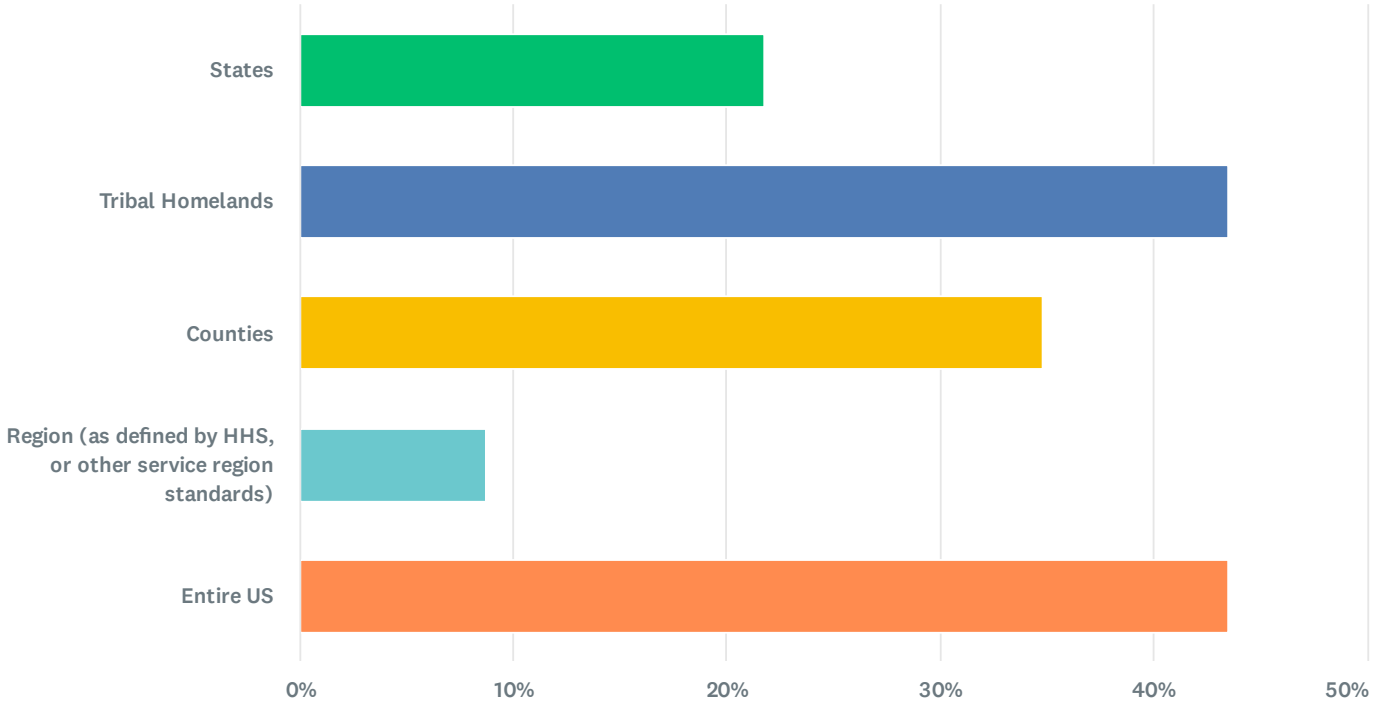
Your organization type



#	OTHER (PLEASE SPECIFY)	DATE
1	Indian Tribe	4/28/2026 2:03 PM
2	Tribal Government	4/27/2026 9:06 AM
3	I am not associated with an organization that supports AI/AN	4/21/2026 9:49 AM
4	Health System	4/17/2026 6:58 PM
5	Tribal member Services	4/10/2026 10:43 AM
6	Choctaw Nation of Oklahoma	4/6/2026 1:57 PM
7	Academic Medical Center	4/1/2026 6:25 PM
8	Tribe	3/13/2026 9:08 AM
9	Intergovernmental Commission	3/10/2026 11:50 AM

Q3 23 responses

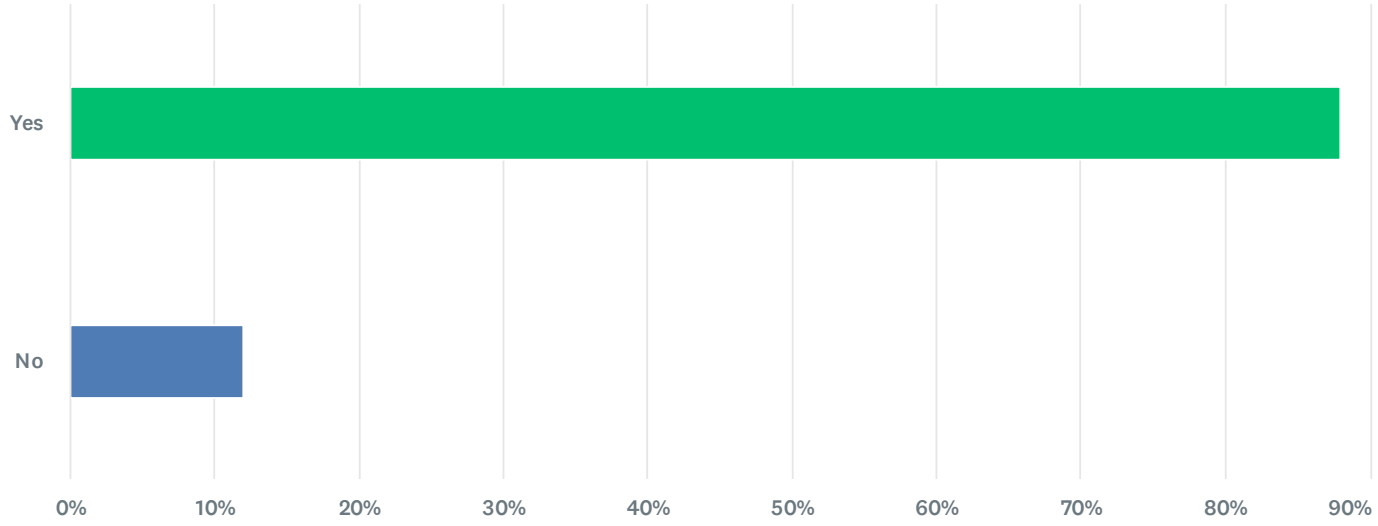
Geographic area served (select all that apply)



#	OTHER (PLEASE SPECIFY)	DATE
1	Nemours Children's Health serves Delaware and Florida	4/21/2026 9:49 AM
2	Any location worldwide	4/6/2026 1:57 PM
3	New York	4/2/2026 1:48 PM
4	Global	4/2/2026 10:29 AM
5	State of Maine	3/10/2026 11:50 AM

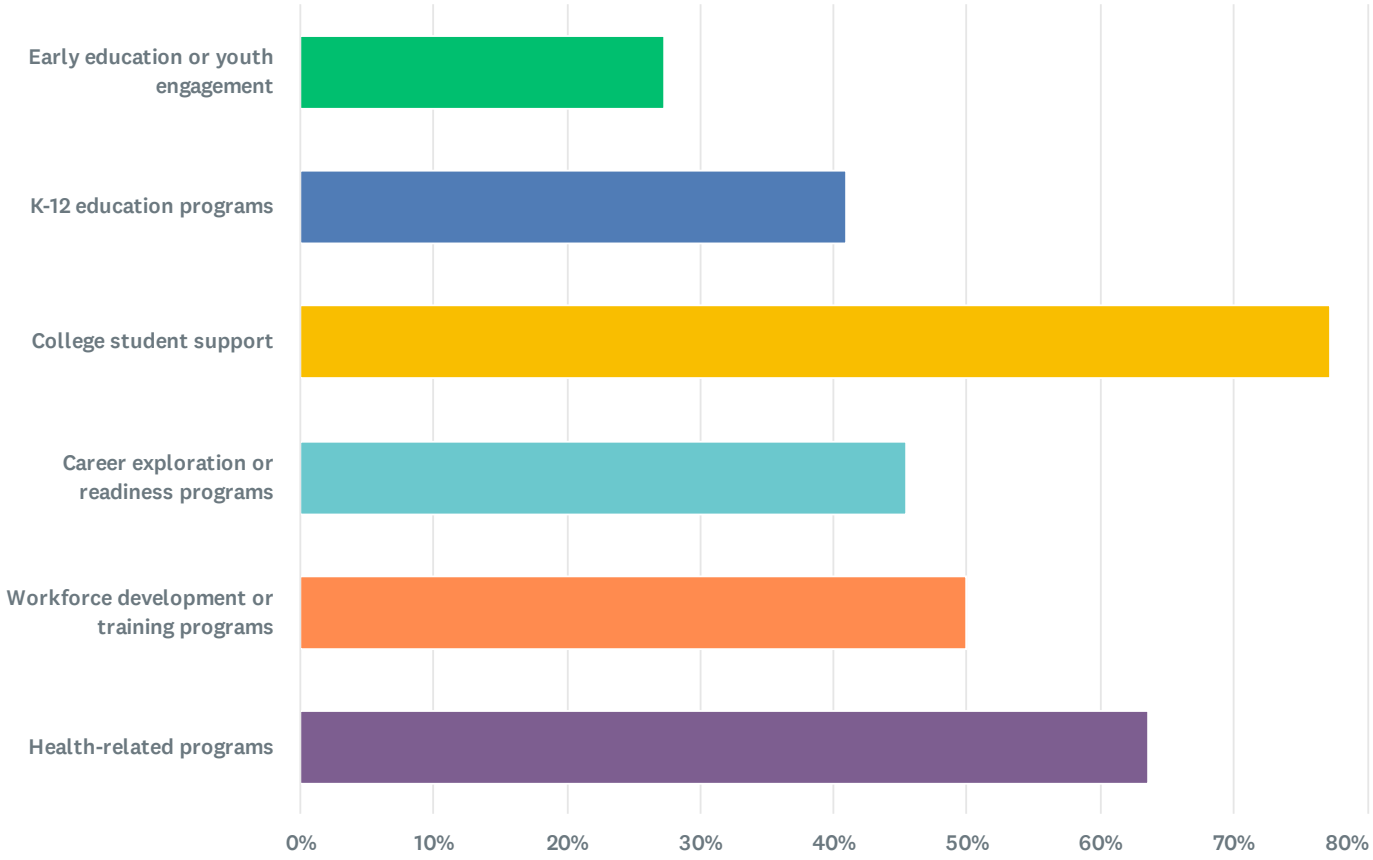
Q4 25 responses

Does your organization currently offer education, career exploration, or workforce development activities?



Q5 22 responses

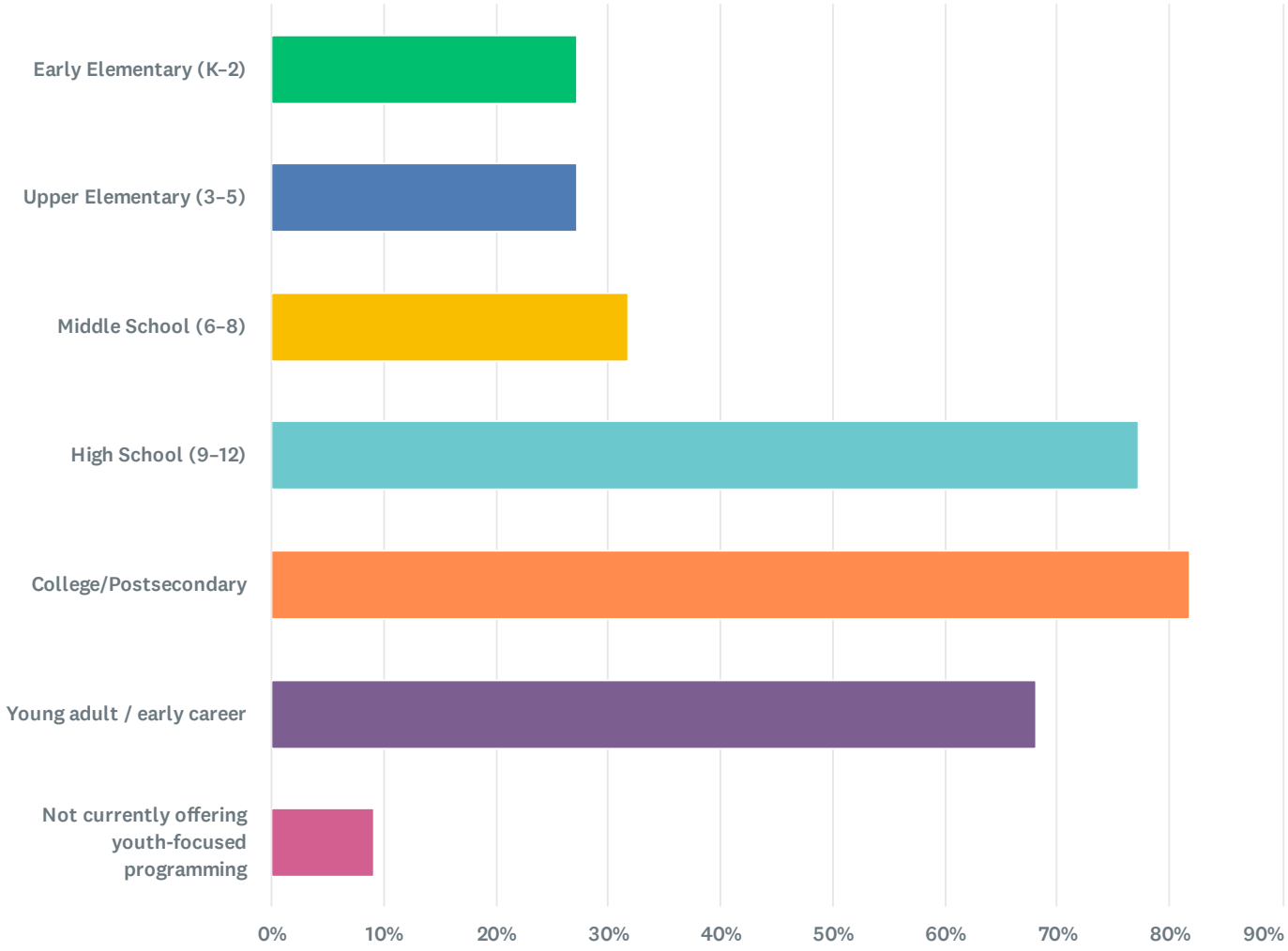
If yes, which types of activities? (Check all that apply)



#	OTHER (PLEASE SPECIFY)	DATE
1	We offer Concurrent courses to High School Juniors and Seniors	5/18/2026 5:42 PM
2	N/A	4/21/2026 9:49 AM
3	National Health Service Corps offers scholarships and loan Repayment programs, Nurse Corps, and Students to Service opportunities	4/6/2026 8:20 AM
4	Graduate academic coursework	4/2/2026 10:30 AM

Q6 22 responses

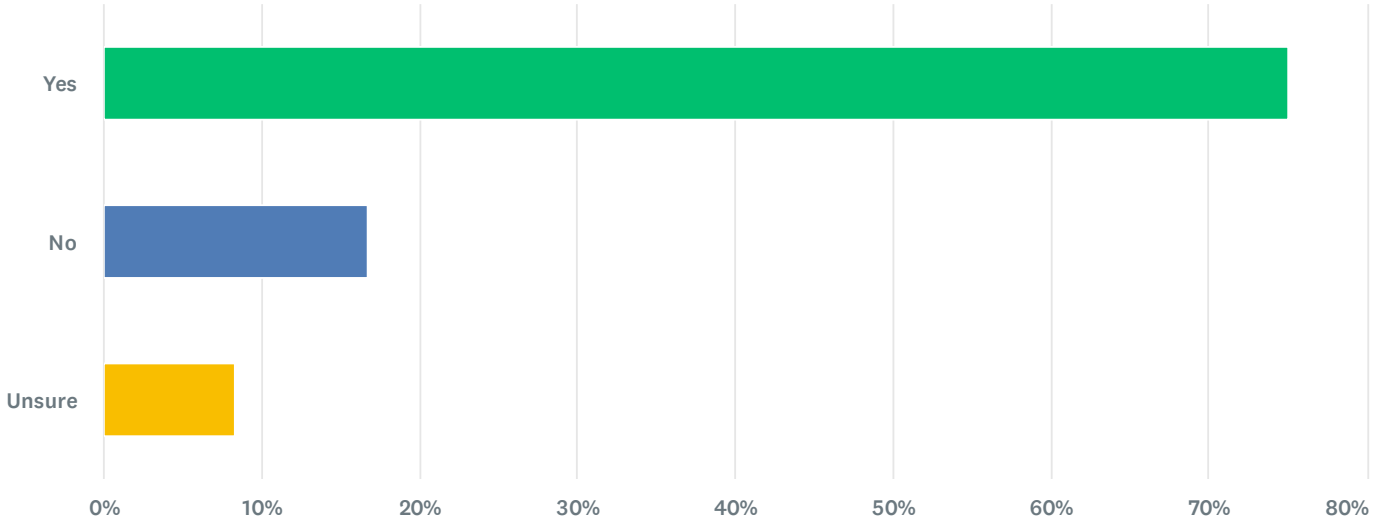
At what ages or grade levels do your programs typically engage youth? (Check all that apply)



#	OTHER (PLEASE SPECIFY)	DATE
1	N/A	4/21/2026 9:50 AM
2	Lifelong professional certification or license training	4/6/2026 2:01 PM

Q7 24 responses

Do any of your programs specifically support health education or health career awareness?



#	(IF YES, PLEASE GIVE EXAMPLES)	DATE
1	We offer credit bearing courses in Health Sciences and non-credit, certificate courses in our Workforce Dept.	5/18/2026 5:42 PM
2	Yes Program NARCH	4/28/2026 11:56 AM
3	The tribe offers health education on a variety of topics (stroke response, physical activity, etc.), but they're not specifically targeted to youth.	4/27/2026 9:07 AM
4	N/A	4/21/2026 9:50 AM
5	We have 8 pathway programs that prepare students for health/medical education	4/17/2026 6:58 PM
6	Native American Career and Technical Education grant: Health Education in Rural Oklahoma for Employment Success (HEROES)	4/6/2026 2:01 PM
7	Our organization offers the Summer Health Internship Program (SHIP) which is an 8-week, paid, internship for Indigenous undergraduate students interested in public health. We recently concluded our GEARD-UP program which was a 12-month long internship for undergraduate students that offered education in grants, epidemiology, analysis, research, and data. However, both our internships among other departments offer mentorship for Indigenous youth and undergraduates to explore different pathways in health or other areas.	4/2/2026 5:37 PM
8	Health care summer boot camp/Healthcare career day presentations	4/2/2026 1:48 PM
9	We run an internship program and public health mentorship program	4/2/2026 10:30 AM
10	Our programs are grounded in outdoor and experiential education, and include a heavy emphasis on positive engagement with the natural world as a pathway to health as well as first responder trainings.	3/25/2026 12:06 PM
11	internships and MPH practicum host site for career awareness	3/17/2026 11:06 AM
12	Health Education	3/13/2026 9:09 AM

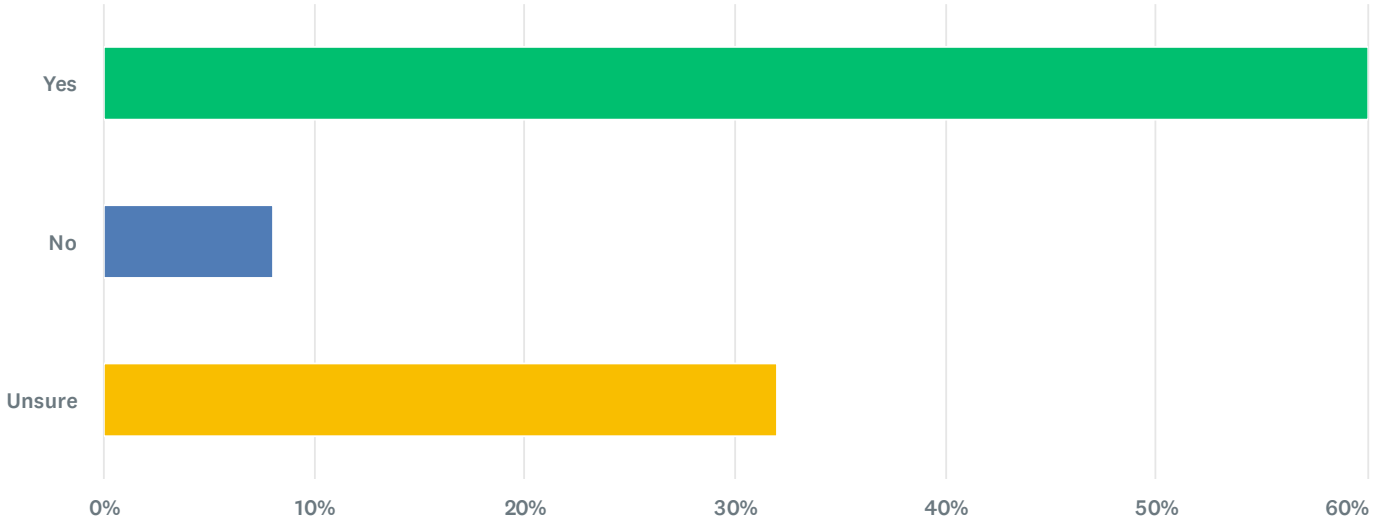
Q8 Please provide links to any program pages or materials (optional).

Answered: 16 Skipped: 9

#	RESPONSES	DATE
1	https://osuokc.edu/community-outreach/training-development-center https://osuokc.edu/academics/schools/health	5/18/2026 5:42 PM
2	https://www.scamhc.org/	5/7/2026 10:41 PM
3	We have no website or published material.	5/7/2026 9:33 PM
4	https://msbandofchoctawindians.github.io/TribalScholarshipProgram/	5/5/2026 1:53 PM
5	Healthy Native North Carolinians, https://americanindiancenter.unc.edu/our-initiatives/native-community-engagement/healthy-native-north-carolinians-network/	4/28/2026 3:38 PM
6	https://graduate.ouhsc.edu/Faculty-Research/SURP/NARCH	4/28/2026 11:56 AM
7	NA	4/27/2026 9:07 AM
8	https://college.mayo.edu/academics/office-of-education-engagement-and-outreach/programs/	4/17/2026 6:58 PM
9	https://www.choctawnation.com/services/	4/10/2026 10:43 AM
10	https://www.newyorkindiancouncil.org/	4/9/2026 11:38 AM
11	https://www.choctawnation.com/services/heroes/	4/6/2026 2:01 PM
12	https://documentcloud.adobe.com/spodintegration/index.html# https://wabanakiphw.org/departments/research/internship-programs/	4/2/2026 5:37 PM
13	https://cih.jhu.edu/education-training/	4/2/2026 10:30 AM
14	https://www.the-flip.org	4/1/2026 6:26 PM
15	https://www.ihs.gov/scholarship/index.cfm	3/25/2026 1:41 PM
16	https://ncuih.org/internship-and-fellowship-program/ https://ncuih.org/training/youth-advisory-council/ *council is not currently active	3/17/2026 11:06 AM

Q9 25 responses

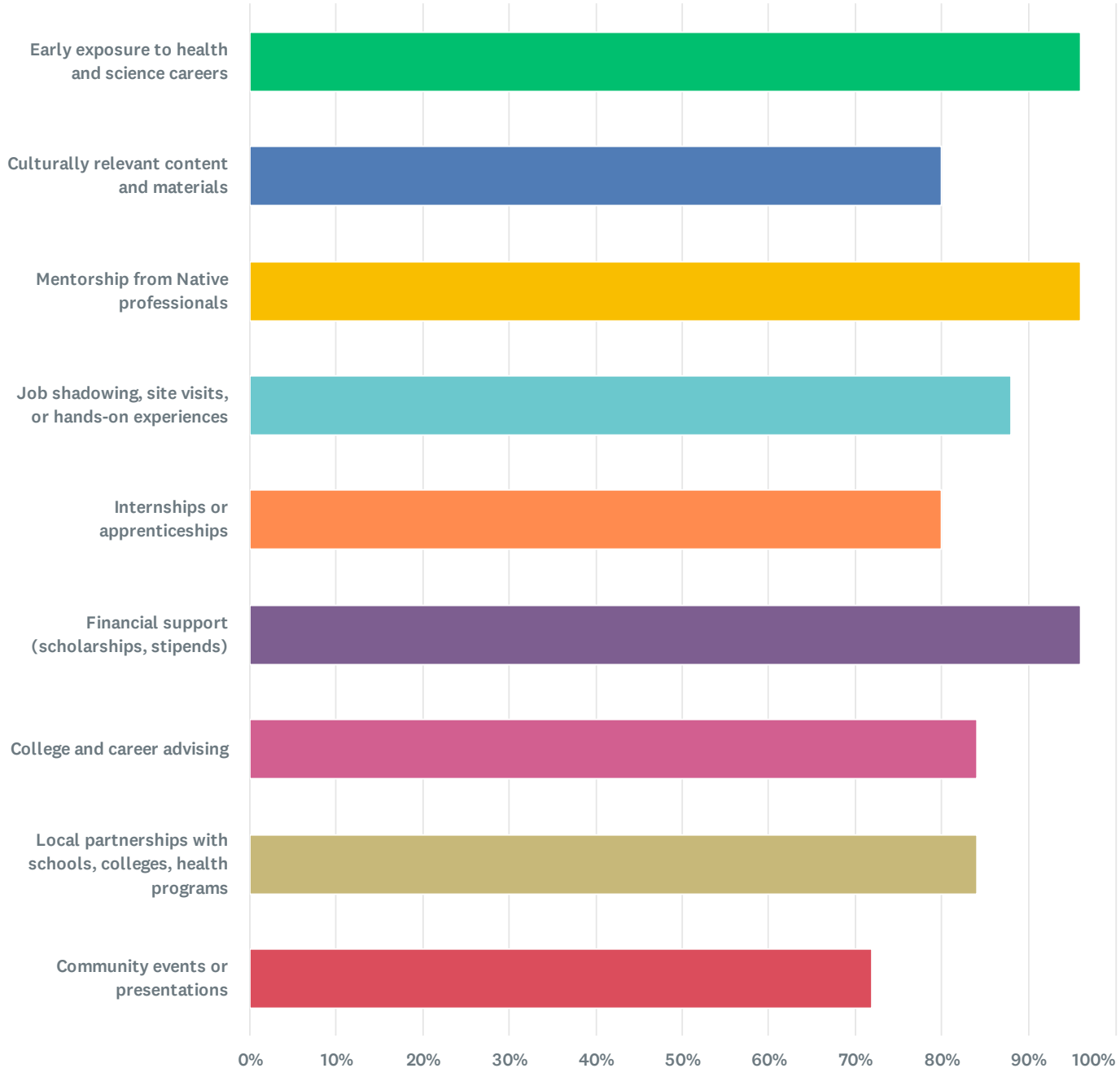
Are you aware of any programs, partnerships, or resources in your area that help Native youth explore or pursue health careers?



#	(IF YES, PLEASE LIST EXAMPLES)	DATE
1	Choctaw Nation, Cherokee Nation, Chickasaw Nation are 3 tribes that we work the most closely with and 2 of those office on campus here.	5/18/2026 5:42 PM
2	Choctaw Central High School, Choctaw Health Center, East Central Community College, TSP/YOP College and Career Fair	5/5/2026 1:53 PM
3	My and other local universities and other organizations connect native young adults with health internships and employment opportunities	4/28/2026 7:00 PM
4	Health Career Connections	4/28/2026 3:38 PM
5	https://wichitatribe.com/yes-oklahoma-2026-applications-are-now-open/	4/28/2026 11:56 AM
6	Virginia tribal education consortium (VTEC) vtecinc.org	4/27/2026 9:37 AM
7	IHS has several programs that are available to individuals in our area, but they are not run locally.	4/27/2026 9:07 AM
8	I am unaware of any programs in the state of Delaware where I work	4/21/2026 9:50 AM
9	UNITY	4/17/2026 6:58 PM
10	Choctaw Nation HEROES grant.	4/10/2026 10:43 AM
11	Indigenous Health Care Collective @Epic Charter, OK Career Tech biomedical academies	4/6/2026 2:01 PM
12	AAIP youth programs	4/6/2026 8:20 AM
13	Wabanaki Youth in Science (WAYS) https://www.wabanakiyouthinscience.org/	4/2/2026 5:37 PM
14	Center for Native American Youth (fellowships, champions), National Indian Health Board youth champions, Native American Lifelines' youth council (Baltimore)	3/17/2026 11:06 AM
15	Local DO College of Medicine	3/13/2026 9:09 AM
16	Check with Wabanaki Public Health & Wellness	3/10/2026 11:51 AM

Q10 25 responses

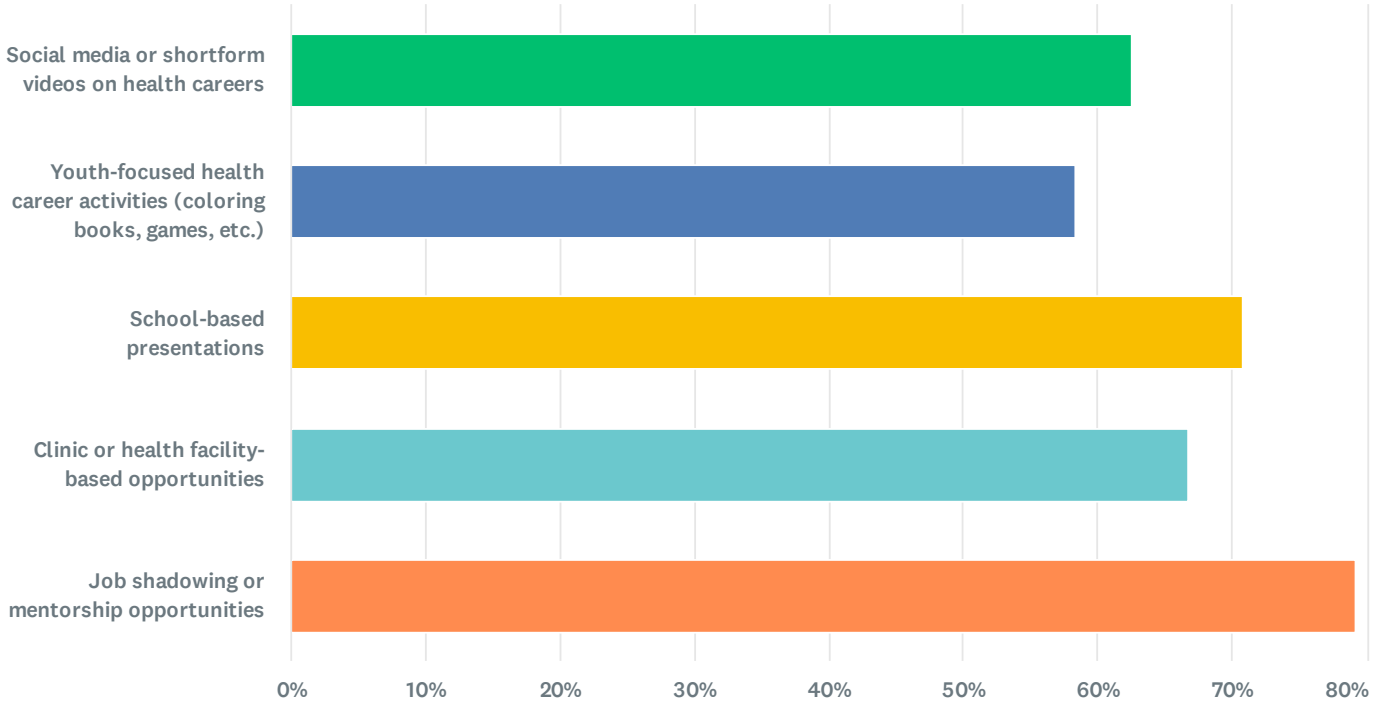
In your view, what opportunities would most help Native youth explore or pursue health careers? (Check all that apply)



#	OTHER (PLEASE SPECIFY)	DATE
1	All of the above are important, but I think early exposure and mentorship are most important	4/21/2026 9:50 AM
2	Experiential opportunities in middle and high school	4/6/2026 2:01 PM

Q11 24 responses

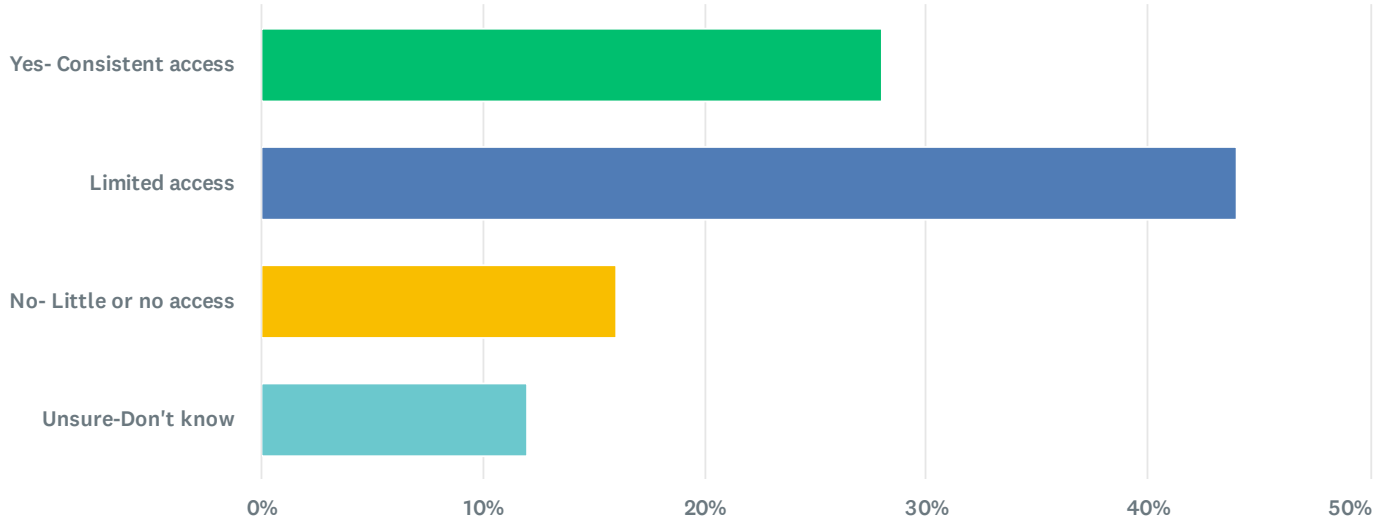
What types of early exposure activities would be most effective in your region? (Check all that apply)



#	OTHER (PLEASE SPECIFY)	DATE
1	When I think early exposure I think K-8, and then 9-12 would be appropriate age for clinic or health facility-based opportunities and job shadowing/mentoring opportunities	4/21/2026 9:50 AM
2	Presentations to Youth Councils	3/10/2026 11:51 AM

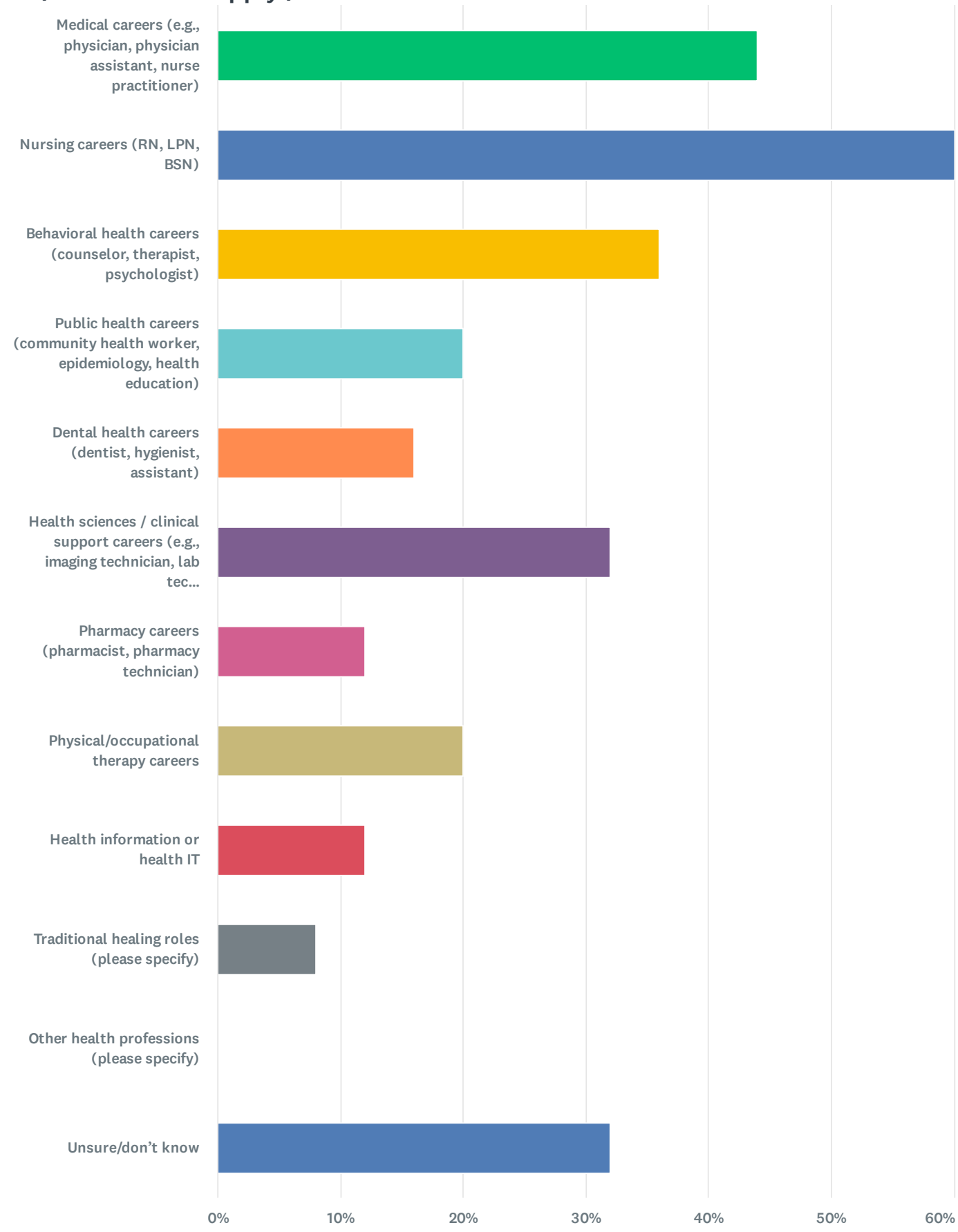
Q12 25 responses

Does your community currently have access to Native or culturally relevant health professionals who can mentor or speak with youth?



Q13 25 responses

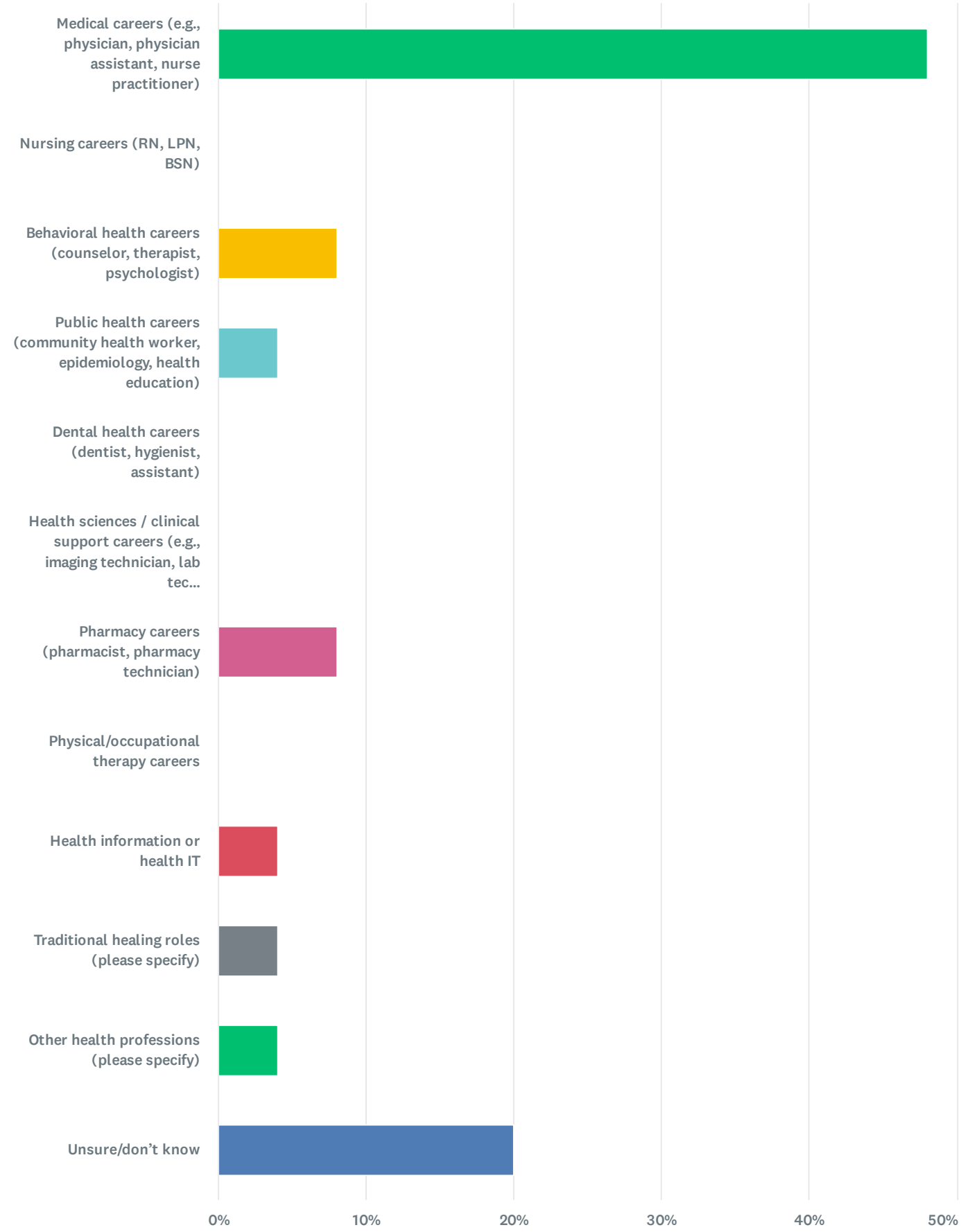
Which health professions do youth in your community express the most interest in?(Check all that apply.)



#	OTHER (PLEASE SPECIFY)	DATE
1	I am not associated with a Native community in my job here in Delaware	4/21/2026 9:50 AM
2	We are national program and partner primarily in the SW	4/1/2026 6:26 PM
3	policy/law in health	3/17/2026 11:06 AM

Q14 25 responses

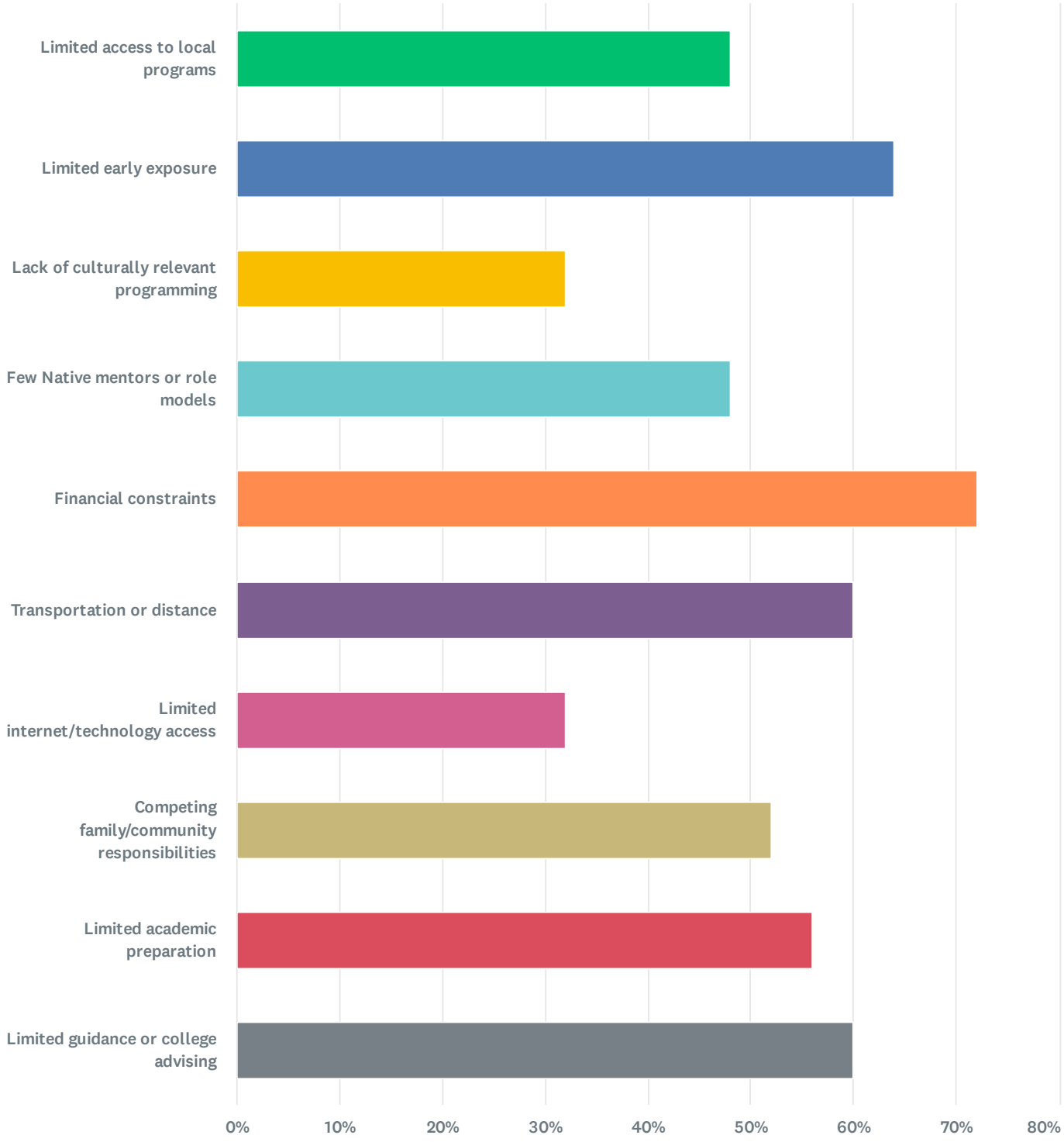
Which health professions are most lacking representation among AI/AN individuals in your region



#	OTHER (PLEASE SPECIFY)	DATE
1	Nursing is well-represented but few other professions	4/6/2026 2:01 PM
2	All primary health care disciplines	4/6/2026 8:20 AM

Q15 25 responses

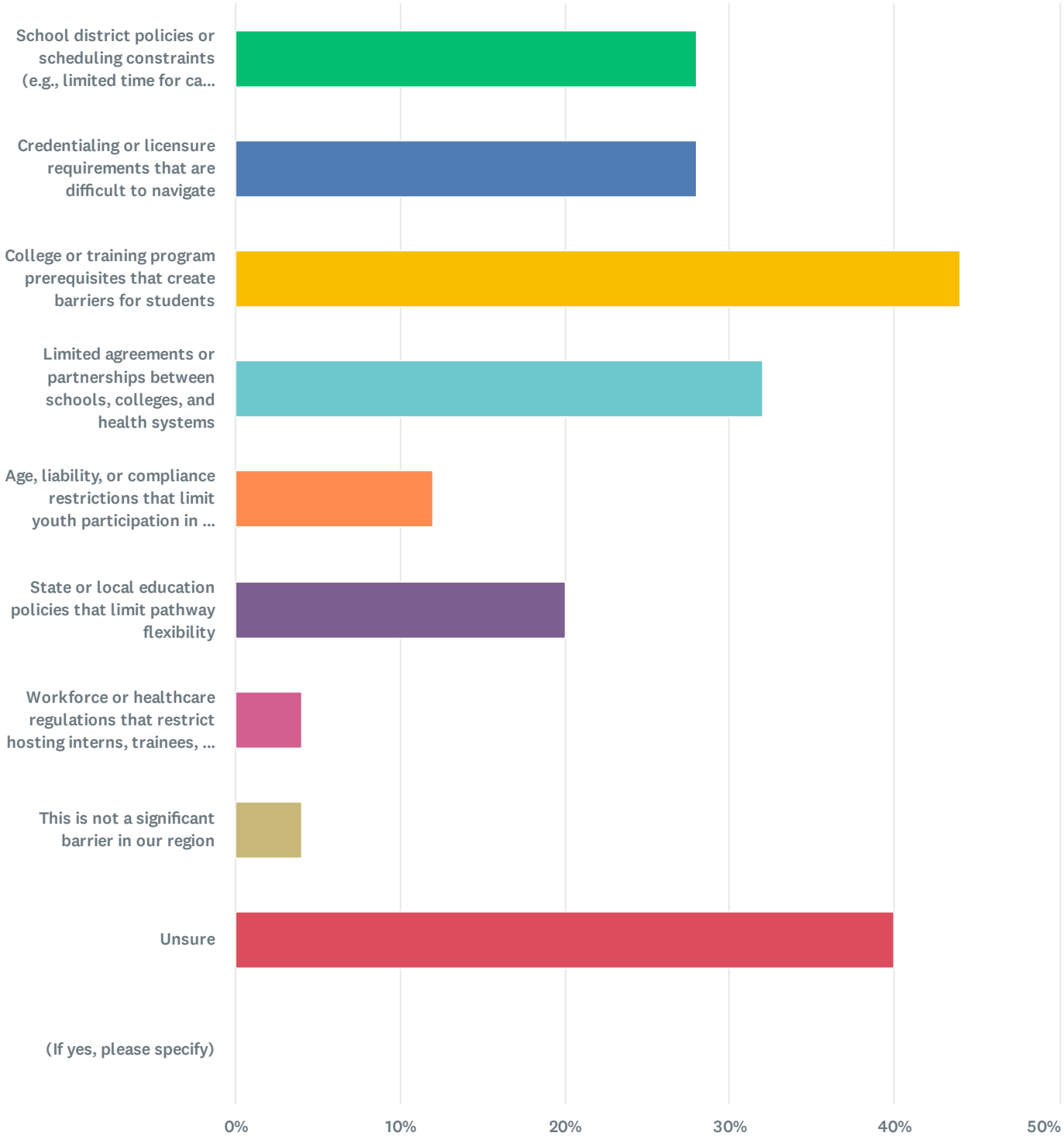
What do you see as the biggest barriers for Native youth in accessing health career pathways? (Check all that apply)



#	OTHER (PLEASE SPECIFY)	DATE

Q16 25 responses

Which structural or policy-related factors, if any, limit health career pathway opportunities for youth or young adults in your region? Check all that apply



#	(IF YES, PLEASE SPECIFY)	DATE

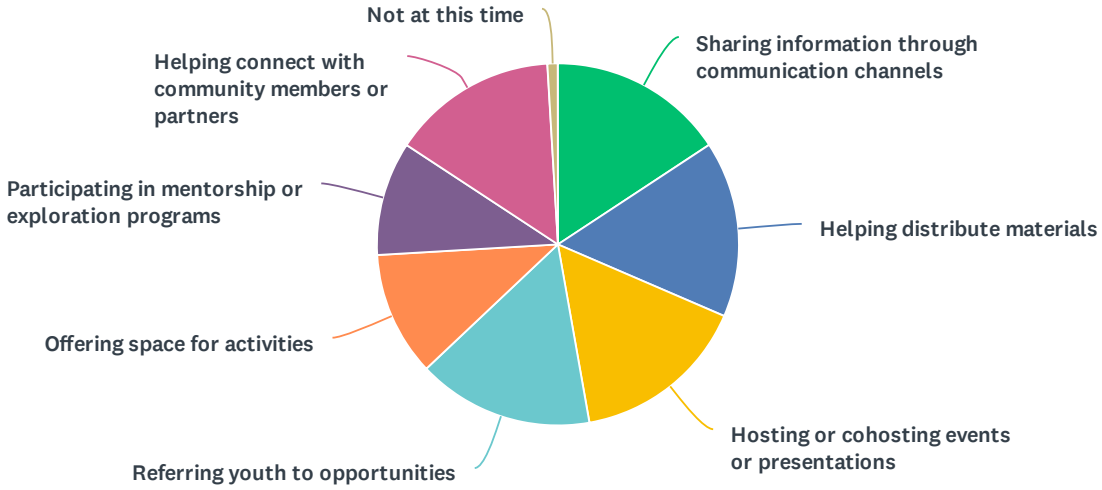
Q17 If you'd like, describe one barrier in your own words.

Answered: 7 Skipped: 18

#	RESPONSES	DATE
1	Limited dedicated funding to support healthcare systems and workforce development	5/7/2026 10:41 PM
2	The geographic isolation results in limited opportunity for exposure to tertiary academic medical centers and universities that often have resources to provide exposure to various health fields. The local community colleges around only offer nursing and technical degrees. There are no significant partnerships between healthcare or health science institutions and local educational or healthcare institutions.	5/7/2026 9:33 PM
3	There is a lack of focus or training for youth about health careers and the level of education and experience needed for those careers.	4/28/2026 2:03 PM
4	One barrier is lack of support for Indigenous students. Outside of the University of Maine campus there are limited cultural connections or support. It can be an isolating experience.	4/2/2026 5:37 PM
5	Academic preparation and requirements like standardized testing	4/2/2026 10:30 AM
6	Funding to support a larger pathway program for students/young adults to access	3/17/2026 11:06 AM
7	Lack of exposure to or promotion of these career paths.	3/10/2026 11:51 AM

Q18 23 responses

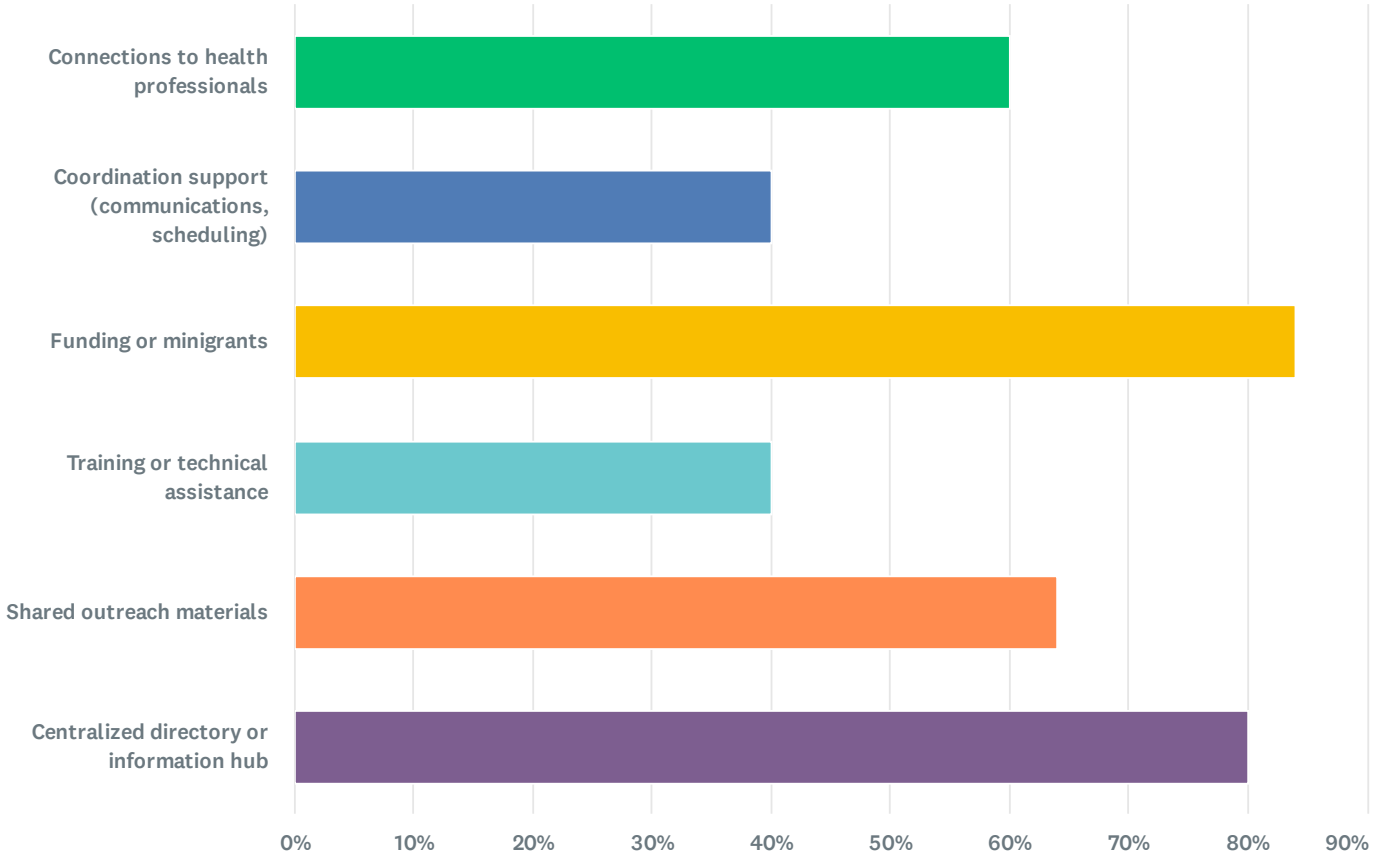
Would your organization be interested in partnering to support health career pathway activities? (Check all that apply)



#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q19 25 responses

What types of support from regional (or national) partners would be most helpful? (Check all that apply)



#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q20 Is there anything else you think is important for us to understand about health career pathways for Native youth in your community or region?

Answered: 10 Skipped: 15

#	RESPONSES	DATE
1	The Poarch Creek are the only federally recognized in Alabama. However, Alabama is home to 8 state recognized Indian tribes. The state tribal citizens have significantly less opportunity than do citizens of federally recognized tribes and are often overlooked by organizations.	5/7/2026 9:33 PM
2	Many who are considering health careers are no longer thinking medical school. Most are opting for nurse practitioner or physician assistants. While those are credible fields, we are losing medical doctors where there used to be many.	4/28/2026 3:38 PM
3	Our Tribe has individuals at every level of health careers, but these individuals do not communicate or are not involved in a coordinated effort to share their experience or information about those careers.	4/28/2026 2:03 PM
4	I am one of the regional hub champs for ESP region. As I stated above I work at Nemours Children's Hospital Delaware and Nemours Children's Health is very keen on providing opportunities to enrich the lives of children and the communities they live in. Once the Nokomis report is completed, I will engage with our community outreach team and see what opportunities are available to engage Native communities in the region surrounding Delaware and Florida. We often have high school age students interested in the health care professions come and shadow on our campus here in Delaware	4/21/2026 9:50 AM
5	While we offer service in OKC, the majority of our program resources, personnel, and tribal members are in SE OK.	4/6/2026 2:01 PM
6	Wabanaki Nations (the five Wabanaki tribes in Maine) have a unique relationship with the state of Maine because of the 1980 Maine Indian Land Claims Settlement Act. While we are working to improve health career pathways for Native youth, the Settlement Act underlies how people view and treat Wabanaki people, as well as access to opportunities.	4/2/2026 5:37 PM
7	no	3/25/2026 1:41 PM
8	Virtual components are equally important as in-person for exposure	3/17/2026 11:06 AM
9	No	3/13/2026 9:09 AM
10	I haven't seen much formal promotion of health careers in our community, but it may be happening in the school.	3/10/2026 11:51 AM

IHEART
INDIGENOUS HEALTH, EDUCATION, AND RESOURCES TASKFORCE

NOKOMIS
STRATEGIES

Photos by Tasha Overpeck