American Indian Health Professions Workforce Development

September 1, 2016

Donald Warne, MD, MPH
Oglala Lakota
Chair, Department of Public Health
Traditional View of Public Health
Pine Ridge Reservation

Kyle, S.D.
### Number of AI/AN Applicants to US Medical Schools

<table>
<thead>
<tr>
<th>Year</th>
<th>AI/AN</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1977</td>
<td>124</td>
<td>2361</td>
<td>955</td>
</tr>
<tr>
<td>2011</td>
<td>101</td>
<td>3215</td>
<td>3459</td>
</tr>
</tbody>
</table>
Great Plains Area AI Medical School Applicants 2015-2016, AAMC

- North Dakota 4
- South Dakota 0
- Nebraska 0
- Iowa 0

- 4 of 115 Applicants, US Total 52,550
Great Plains Area AI Medical School Matriculants 2015-2016, AAMC

- North Dakota 2
- South Dakota 0
- Nebraska 0
- Iowa 0

- 2 of 55 Applicants, US Total 20,631
Medical School Enrollment

- 2014-2015 > 181 AI/AN students
- 2015-2016 > 214 AI/AN students
- 115 of 52,550 Applicants or 0.2%
AI/AN Medical School Graduates, AAMC

- 2012-2013 25
- 2013-2014 26
- 2014-2015 20 of 18,705
Number of Medical School Faculty

- 186 AI/AN faculty of 159,831 total faculty in medical schools
- 7 Professors of 35,183
Number of Healthcare Executives, 2016, ACHE

• 208 AI/AN Healthcare Executives

• 0.6% of 34,463 Healthcare Executives

• For comparison:
  • 3,033 Black and 1,594 Hispanic Healthcare Executives
### Number of AI/AN PH Applicants, 2011, ASPPH

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total</th>
<th>Accepted</th>
<th>% Accepted</th>
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<tr>
<td>Hispanic/Latino</td>
<td>2,430</td>
<td>1,161</td>
<td>47.8%</td>
</tr>
<tr>
<td>American Indian/Alaska Native Native</td>
<td>219</td>
<td>108</td>
<td>49.3%</td>
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<tr>
<td>Asian</td>
<td>5,888</td>
<td>3,059</td>
<td>51.9%</td>
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<tr>
<td>Black or African-American</td>
<td>5,069</td>
<td>1,956</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>145</td>
<td>61</td>
<td>42.1%</td>
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<tr>
<td>White</td>
<td>19,278</td>
<td>11,161</td>
<td>57.9%</td>
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### Number of AI/AN PH Applicants, 2011, ASPPPH

<table>
<thead>
<tr>
<th>Degree Objective</th>
<th>Hispanic/Latino</th>
<th>American Indian/Alaska Native</th>
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<td>3,733</td>
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<td>MS</td>
<td>178</td>
<td>13</td>
<td>381</td>
<td>166</td>
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<td>MSPH</td>
<td>16</td>
<td>3</td>
<td>51</td>
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<tr>
<td>MHA/MHSA</td>
<td>140</td>
<td>10</td>
<td>359</td>
<td>169</td>
<td>9</td>
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<tr>
<td>OTHER MAST</td>
<td>184</td>
<td>6</td>
<td>233</td>
<td>197</td>
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<td>DRPH</td>
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<td>2</td>
<td>59</td>
<td>42</td>
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<tr>
<td>JOINT DEGREE</td>
<td>54</td>
<td>4</td>
<td>147</td>
<td>119</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>2,430</strong></td>
<td><strong>219</strong></td>
<td><strong>5,888</strong></td>
<td><strong>5,069</strong></td>
<td><strong>145</strong></td>
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### Number of AI/AN PH Application Trends, 2001-2011, ASPPH

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic/Latino</th>
<th>American Indian/Alaska Native</th>
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<th>Black or African-American</th>
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<td>1,098</td>
<td>82</td>
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<td>1,235</td>
<td>83</td>
<td>2,770</td>
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<td>2003</td>
<td>1,453</td>
<td>123</td>
<td>2,636</td>
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<td>2004</td>
<td>1,383</td>
<td>128</td>
<td>3,123</td>
<td>2,961</td>
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<td>2005</td>
<td>1,352</td>
<td>173</td>
<td>3,291</td>
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<td>2006</td>
<td>1,379</td>
<td>150</td>
<td>3,129</td>
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<td>2007</td>
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<td>114</td>
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<td>2008</td>
<td>1,848</td>
<td>135</td>
<td>3,771</td>
<td>3,200</td>
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<td>2009</td>
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<td>183</td>
<td>5,492</td>
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<td>2010</td>
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<td>226</td>
<td>6,005</td>
<td>4,730</td>
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<tr>
<td>2011</td>
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<td>219</td>
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</table>
Public Health Programming in a Cultural Context

Assess the effectiveness of new approaches to health promotion and disease prevention
Public Health Programming in a Cultural Context

Assess the effectiveness of new approaches to health promotion and disease prevention

Let Us Put Our Minds Together And See What Life We Can Make For Our Children.
~ Sitting Bull
NDSU MPH Program Mission

The program’s mission is to promote health and well-being in diverse populations with an emphasis on American Indian and other underserved populations by providing educational, practical, and research opportunities for public health professionals.
Specializations/Tracks

NDSU MPH Program

- Health Promotion (CHES)
- Management of Infectious Diseases
- Public Health in Clinical Systems
- American Indian Public Health
Specializations/Tracks

American Indian Public Health

• Required Courses
  – American Indian Health Policy
  – American Indian Health Disparities
  – Cultural Competence in Indian Health
  – Research Issues in Tribal Communities
  – Case Studies in Indian Health
MEDICINE WHEEL

MENTAL

PHYSICAL

SPIRITUAL

EMOTIONAL
MEDICINE WHEEL & Public Health

EDUCATIONAL

ENVIRONMENTAL  CULTURAL

SOCIAL
MEDICINE WHEEL &
American Indian Student Support

ACADEMIC

FINANCIAL

CULTURAL

SOCIAL
American Indian Public Health Resource Center

- Dean, College of PNAS
- Director, AIPHRC
- Operational Director, AIPHRC
- Administrative Support Staff

- Advisory Committee

- Project Managers, Public Health Services
- Project Managers, Public Health Research
- Project Managers, Public Health Education
- Project Managers, Public Health Policy

- Research
- Education
- Policy
- Service
National Public Health Week

National Public Health Week 2016

Celebrating the contributions of public health important to improving our nation.

#UBSPHHP  #NPHW16

University at Buffalo  The State University of New York
School of Public Health and Health Professions

STUDENT FOCUSED  LAND GRANT  RESEARCH UNIVERSITY  NDSU
American Indian Public Health Day

10:30 a.m. OPENING PRAYER
Minister Yellow Bird

OPENING SONG
Michael Gaboard & Co.

OPENING REMARKS
Dr. Donald Warne, Director, NDSU Department of Public Health
Scott Davis, Executive Director, ND Indian Affairs Commission

NATIVE AMERICAN FLUTE PERFORMANCE
Chad Harmon

11 a.m. PANEL
American Indian students and current public health professionals
Cheryenne Bray - Sakakawea Community College
Amber Connell, MPH - Mandan Tribe
Amber Nation

Tessa Fetter - Standing Rock Sioux Tribe
Pearl Walker Swanson, MPH - Standing Rock Sioux Tribe and Culture
Jacob Walker Swanson - Potawatomi and Shawnee
Shannon White - Teton Wanapachi Oyate

noon LUNCH
Traditional meal, NDSU Cobbing, Petra Reyes One Hawk
Buffalo Stew
Wild Rice Stew
Cherry Juice
Coffee with maple syrup sweetener
Water

1-3 p.m. GEOCACHING/SCAVENGER HUNT
(to be held on NDSU campus)
American Indian Public Health Day
American Indian Public Health Day
Future Directions

• Doctor of Public Health (DrPH)
  – Applied and Translational Research
  – American Indian Public Health

• National Network of Public Health Institutes

• Journal of American Indian Public Health

• Expanded Research
  – Historical Trauma
  – ACEs
  – Early Childhood Interventions
Donald Warne
donald.warne@ndsu.edu
Health Professions Recruitment
Nathan Anderson
605-681-4940
Nathan.Anderson@ihs.gov

Patient Population and Workforce

- 2.2 million American Indians and Alaska Natives.
- 567 federally recognized Tribes in 35 states.
- 89 health care facilities and 12 Area offices.
- More than 15,300 federal employees.
- More than 10,000 medical professionals and medical support staff.
- Indian Preference in hiring (69% of employees are American Indian or Alaska Native).
### IHS Vacancy Rates

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Physician</td>
<td>34%</td>
<td>25%</td>
<td>23%</td>
<td>20%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>16%</td>
<td>6.6%</td>
<td>6.5%</td>
<td>4.3%</td>
<td>5.8%</td>
<td>6%</td>
</tr>
<tr>
<td>Nurse</td>
<td>24%</td>
<td>18%</td>
<td>16%</td>
<td>15%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Dentist</td>
<td>26%</td>
<td>18%</td>
<td>14%</td>
<td>10%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>32%</td>
<td>21%</td>
<td></td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Practice Nurse</td>
<td>35%</td>
<td>25%</td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optometrist</td>
<td>14%</td>
<td>11.5%</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

*Data submitted as of March 2016 from federal sites only, not Tribal.*
IHS Scholarship Program — Purpose

• To assist students in their efforts to achieve their health education goals.
• To provide health services for Native people.
• To train future leaders of the Indian health system.

Expenses

• Required tuition and fees
• School-required books, laboratory expenses, dental/medical/optometric equipment and other miscellaneous educational expenses.
• Tutorial services
• Monthly stipend ($1,500 per month for 10 or 12 months/year)
IHS Scholarship Program

In FY 2015:

- New Awards: $3.7M
- Preparatory/Pre-Grad: $10M
- Health Professions: $13.7M
- Total Scholarship Awards: $185
- Extensions: $149
- Total: 334
Scholarships

Preparatory Scholarship

• To support recipients in their undergraduate and preparatory course studies in preparation for entry to health professional schools, such as nursing, pharmacy and others, as needed. **Average annual value $27,596**

Pre-Graduate Scholarship

• To support recipients in undergraduate courses leading to a bachelor’s (BS or BA) degree in pre-professional programs in preparation for entry into health professional schools, such as medicine, dentistry, podiatry and optometry, as needed. **Average annual value $34,497**

• No service commitment for these scholarships
Scholarships

Health Professions Scholarship

• The Health Professions scholarship supports scholarship recipients in their pursuit of an undergraduate or graduate degree in a health professions program and toward the fulfillment of a service commitment at an Indian health system facility. **Average annual value $48,004**

• Acceptance of the Health Professions Scholarship results in a 2 to 4 year service commitment to work for an Indian health Program.
IHS Loan Repayment Program (LRP)

Purpose:
To ensure an adequate supply of trained health professionals:
- Funding up to $20,000 per year — in exchange for an initial two-year service commitment.
- LRP participants are eligible to extend their contract annually until all of their qualified student debt is paid.
- Prior to March 1, funding consideration is given only to individuals who choose to serve at a facility with an LRP site score of 70 or above.
2015 LRP Awards

In FY 2015:

- New 2-Yr Contracts: 437
- 1-Yr Contract Extensions: 395
- Awards: 832
Health Professions Funded for LRP

In FY 2015:

- **Behavioral Health**: 53 awards, $2,193,782
- **Dental**: 103 awards, $4,208,823
- **Nurses**: 193 awards, $8,293,097
- **Optometrists**: 44 awards, $1,240,128
- **Other Health Professions**: 41 awards, $1,407,903
- **PA/APN**: 83 awards, $3,473,587
- **Pharmacists**: 178 awards, $5,757,343
- **Physicians**: 85 awards, $3,242,594
- **Podiatry**: 13 awards, $439,212
- **Rehabilitative Services**: 39 awards, $1,392,762

*This includes dentists, dental hygienists and dental assistants.*
Hiring Challenges

• Rural/frontier locations.
• Pay and benefits.
• Acceptable housing.
• Employment for spouses.
• Choice of schools.
• Competition for Rural Healthcare Providers

• Travel restrictions.
• Training for managers/leaders.
• Locating qualified applicants.
• Permanent leadership.
• Availability of support staff.
• Available funding.
Factors of Importance

- Compensation/Salary
- Professional support
- Quality leadership
- Support staff
- Continuing education opportunities
- Access to necessary professional equipment/technology
- Workloads
- Availability of quality housing
- Coverage when the provider takes leave, vacation, or is absent
- Availability of social, cultural and recreational activities – quality of life
- Spouse/family preference to stay or leave current location
- Mission of IHS and Loyalty to staff
- Management structure of organization
- Call schedule
- IHS Facilities
- Size of your community
- Educational facilities for children (schools)
- Lack of specialties
- Hospital incentives
- Major airport accessibility
- Employment opportunities for spouses
- Residency program proximity

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**INDIAN HEALTH SERVICE**
Factors of Importance 1-10

- Compensation/Salary: 459
- Professional support: 417
- Quality leadership: 411
- Support staff: 387
- Continuing education opportunities: 384
- Access to necessary professional equipment/technology: 380
- Workloads: 375
- Availability of quality housing: 368
- Coverage when the provider takes leave, vacation, or is absent: 338
- Availability of social, cultural and recreational activities – quality of life: 332
Medical Staff Survey

FAIR COMPENSATION
- Disagree 49%
- Neutral/Neither agree nor disagree 12%
- Agree 15%
- Strongly Disagree 24%
- Strongly Agree 0%

QUALITY OF BENEFITS
- Agree 43%
- Neutral/Neither agree nor disagree 18%
- Disagree 6%
- Strongly Agree 24%
- Strongly Disagree 9%

RECOMMEND IHS TO OTHERS
- Absolutely 12%
- Possibly 41%
- Neutral 19%
- Not likely 22%

IMPORTANCE OF HOUSING
- Not a factor 46%
- Extremely critical 21%
- Very critical 18%
- Somewhat critical 18%
- Neutral 9%
Medical Staff Survey

**FAMILY CURRENT LEVEL OF SATISFACTION**

- **Strongly agree**: 18%
- **Somewhat agree**: 43%
- **Neutral**: 27%
- **Somewhat disagree**: 6%
- **Strongly disagree**: 6%

**FAMILY SATISFACTION ROLE IN RETENTION**

- **Strongly agree**: 21%
- **Somewhat agree**: 28%
- **Neutral**: 24%
- **Somewhat disagree**: 21%
- **Strongly disagree**: 6%

**FEEL ACCEPTED INTO COMMUNITY**

- **Strongly agree**: 34%
- **Somewhat agree**: 43%
- **Neutral**: 27%
- **Somewhat disagree**: 9%
- **Strongly disagree**: 6%

**ACCEPTED BY PATIENTS**

- **Strongly agree**: 34%
- **Somewhat agree**: 24%
- **Neutral**: 33%
- **Somewhat disagree**: 9%
- **Strongly disagree**: 6%
Strategies

- Full-time National/Area recruiters 12+
- In-person recruitment
  - One to One focus
- Virtual events
- Online marketing/social media
- Partnerships
- Commercial recruitment firms

- Student programs:
  - Scholarships
  - Externships/JRCOSTEP
  - Grant Programs
  - Loan Repayment Program
- Relationships with local/regional, rural-focused colleges
- Medical student agreements
- Improving HR systems
- Compensation flexibility
In-person Recruitment 2016

PRI-MED South (Physicians, Nurse Practitioners and PAs)  
*February 5 – 7*

American Pharmacists Assoc.  
Annual Meeting and Exposition  
*March 4 – 7*

American Medical Women’s Association Annual Meeting  
*March 10 – 13*

Uniformed Services Academy of Family Physicians  
*March 18 – 22*

American College of Physicians  
*May 5 – 7*

American Academy of Family Physicians (AAFP)  
*July 28 – 30*

American College of Emergency Physicians  
*Oct. 15 – 18*
OHR Pay and Benefits Policy

Updated and Pending Policy:

• Blanket waiver of the HHS relocation expenses policy for all IHS positions.
• Exception to salary maximum — Emergency Medicine Physicians
• Title 38 PDP for intermittent employees (pending ITAS update)
• Title 38 special salary rate for Certified Registered Nurse Anesthetists
• Use of Commercial Recruiting Firms to assist in recruitment.

Other items
• Exploring developing additional Title 38 special salary rates
• Enhanced Leave Accrual for Title 38 occupations
• Tax relief and half-time Scholarship/Loan Repayment service
Area Specific Recruitment Materials

Indian Health Careers in the Great Plains Area
Health Resources and Services Administration

Facilitating Partnerships between HRSA Workforce Programs and the Oglala Lakota Tribe

HRSA Office of Regional Operations
Denver, Colorado
Overview of HRSA

- Increase Access to Quality Health Care and Services
- Strengthen the Health Workforce
- Build Healthy Communities
- Improve Health Equity
- Strengthen Program Operations
90+ Programs Administered by HRSA

- Community Health Centers
- National Health Service Corps
- Workforce Training for Primary Care, Mental and Behavioral Health, Public Health, Medicine, Dentistry, Nursing, and Geriatrics
- Workforce Diversity
- Children’s Hospital GME
- Practitioner Databanks
- Maternal and Child Health
- Healthy Start
- Poison Control
- Ryan White HIV/AIDS
- Mental/Behavioral Health and Primary Care Integration
- Rural Health Policy & Programs
- Telehealth
- Health Care for the Homeless
- Migrant Health Centers
- Vaccine Injury Compensation
- Black Lung Clinics Program
- 340B Drug Pricing
- Organ Donation & Transplantation
- And more...
Office of Regional Operations: Mission

To improve health equity in underserved communities through on-the-ground outreach, education, technical assistance and partnering with local, state and federal organizations.
HRSA Office of Regional Operations: Core Functions

- **External Affairs & Outreach**: Agency liaison and Regional leadership
- **Strategic Stakeholder Partnerships**: Engage partners and broker relationships
- **Regional Surveillance**: Identify and report ground-level information
- **Regional Management**: Ensure efficacy of HRSA Resources
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Areas of Focus</th>
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</thead>
<tbody>
<tr>
<td>CAPT Debra Scott, RN, MS, MA</td>
<td>Regional Nurse Consultant</td>
<td>Community Engagement, Initiatives to Advance the Role of Nurses, Veterans, Special Populations <em>Montana and Wyoming</em></td>
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<tr>
<td>Kimberly Patton, PsyD</td>
<td>Regional Behavioral Health Liaison</td>
<td>Behavioral Health, Regional Federal Collaboration <em>Colorado</em></td>
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<tr>
<td>CAPT Christina Mead, PharmD</td>
<td>Regional Pharmacy Consultant</td>
<td>ACA Outreach and Education, Public Health and Primary Care Integration, Special Populations, Grantee Partnerships, Quality Improvement <em>Utah</em></td>
</tr>
<tr>
<td>Erica Grover, MPH</td>
<td>Deputy Regional Administrator</td>
<td>Workforce, Outreach and Education, State Engagement <em>North Dakota</em></td>
</tr>
<tr>
<td>Nicholas Zucconi, MPA</td>
<td>Regional Administrator</td>
<td>Outreach and Education, State Engagement, Tribal Affairs, Rural Health <em>South Dakota</em></td>
</tr>
</tbody>
</table>
Oglala Lakota Workforce Partnership Project

- In May, 2016 ORO-Denver convened a introductory meeting of organizations in South Dakota that currently implement workforce development programs
- Intent: discuss the prospect of extending their programs to the Oglala Lakota
- Issue: extreme workforce shortages on the Pine Ridge Reservation
- Goal: strengthen health careers opportunities for the Oglala Lakota Tribe
- Objective: strengthen working relationships between HRSA’s workforce partners in South Dakota and tribal organizations on the Pine Ridge Reservation
## Oglala Lakota County: HPSA Designations

<table>
<thead>
<tr>
<th>County Name</th>
<th>HPSA Name</th>
<th>HPSA Discipline Class</th>
<th>Designation Type</th>
<th>HPSA Score</th>
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</thead>
<tbody>
<tr>
<td>Shannon County</td>
<td>Shannon County</td>
<td>Primary Care</td>
<td>HPSA Geographic High Needs</td>
<td>19</td>
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<tr>
<td>Oglala Lakota County</td>
<td>Pine Ridge PHS Indian Hospital</td>
<td>Primary Care</td>
<td>Indian Health Service Facility</td>
<td>19</td>
</tr>
<tr>
<td>Oglala Lakota County</td>
<td>Kyle PHS Health Center</td>
<td>Primary Care</td>
<td>Indian Health Service Facility</td>
<td>18</td>
</tr>
<tr>
<td>Shannon County</td>
<td>Shannon County</td>
<td>Dental Health</td>
<td>HPSA Geographic High Needs</td>
<td>19</td>
</tr>
<tr>
<td>Oglala Lakota County</td>
<td>Pine Ridge PHS Indian Hospital</td>
<td>Dental Health</td>
<td>Indian Health Service Facility</td>
<td>24</td>
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<tr>
<td>Oglala Lakota County</td>
<td>Kyle PHS Health Center</td>
<td>Dental Health</td>
<td>Indian Health Service Facility</td>
<td>19</td>
</tr>
<tr>
<td>Oglala Lakota County</td>
<td>Oglala Sioux Tribe</td>
<td>Dental Health</td>
<td>Native American Tribal Population</td>
<td>25</td>
</tr>
<tr>
<td>Oglala Lakota County</td>
<td>Pine Ridge PHS Indian Hospital</td>
<td>Mental Health</td>
<td>Indian Health Service Facility</td>
<td>20</td>
</tr>
<tr>
<td>Oglala Lakota County</td>
<td>Kyle PHS Health Center</td>
<td>Mental Health</td>
<td>Indian Health Service Facility</td>
<td>21</td>
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<tr>
<td>Oglala Lakota County</td>
<td>Oglala Sioux Tribe</td>
<td>Mental Health</td>
<td>Native American Tribal Population</td>
<td>21</td>
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<tr>
<td>Shannon County</td>
<td>Catchment Area 11</td>
<td>Mental Health</td>
<td>HPSA Geographic High Needs</td>
<td>20</td>
</tr>
</tbody>
</table>
Oglala Lakota Workforce Partnership Project: Preliminary Meeting in May

- Participating organizations:
  - South Dakota Office of Rural Health
  - South Dakota Area Health Education Center (AHEC)
  - University of South Dakota School of Medicine
  - South Dakota State University College of Nursing

- Participants discussed their respective workforce development activities on the Pine Ridge Reservation or with other tribal organizations

- Participants unanimously agreed to discuss with tribal organizations on the Reservation ways that health careers opportunity programming could be strengthened through partnership and collaboration

- HRSA and SDSU agreed to convene a face-to-face meeting in July between the HRSA State Partners and Tribal organizations on the Reservation
On July 18, 2016 the HRSA Office of Regional Operations (ORO) partnered with the SDSU College of Nursing to convene a meeting in Rapid City.

Tribal organizations attending:
- IHS Service Unit
- Oglala Sioux Tribal Health Administration
- Great Plains Tribal Chairmen’s Health Board
- Little Wound High School
- American Indian Public Health Resource Center (Facilitator)

HRSA workforce partners attending:
- University of South Dakota School of Medicine
- South Dakota State University College of Nursing
- South Dakota Department of Health
- Area Health Education Center
- Rapid City Regional Health

25 people attended the Forum
Oglala Lakota Workforce Forum:
Purpose

• Explore strategies to address the critical health workforce shortages on the Pine Ridge Reservation including:
  o Explore ways to broaden interest in health careers among Oglala Lakota tribal members
  o Determine current activities for encouraging interest in health careers on the Pine Ridge Reservation
  o Discuss challenges that impact access to health careers for the Oglala Lakota
  o Discuss ways to facilitate access to resources that already exist
  o Expand existing partnerships between tribal organizations and HRSA’s workforce partners
Oglala Lakota Workforce Forum: Gaps Identified

- Outreach and Recruitment:
  - Outreach to reservation high schools for all programs in South Dakota
  - Building relationships with programs/federal agencies on reservations
  - Need more communication – Doing work in isolation/silos
  - Student information – students get information if they are looking for it – not so much for the general population
  - Use social media in positive way for students
  - Marketing is needed to get American Indian qualified Nursing candidates – for University of South Dakota
  - Build relationships for a unified effort
  - Need outreach for non-traditional/older students – funding, daycare transportation, book fees, etc.
  - Gap in nontraditional student outreach – encouragement in home and schools
  - Recruitment gap – has to include family, children, schools, community activities, support
Oglala Lakota Workforce Forum: Gaps Identified

• Students/Youth
  • Need mentoring and advice for at-risk students, especially from Elders
  • Confidence building – more capacity building for American Indian students
    • Bridge gaps – help them navigate the system/process
  • Relationship building is needed – Students have a level of distrust
  • More Face-to-Face Communication is needed – helps build relationships, less emails
  • More student understanding – students mess up and get embarrassed and ashamed. Help them learn from their mistakes and get back on track
  • Transient students – Hard to move from city back to Reservation (and vice versa). Transition programs are needed
  • Support is needed for older students going back to college – i.e. childcare
  • Students need to learn how to navigate the educational system – reservation has a lot of first generation students out there
  • Children need more positive support – more outreach is needed for at-risk youth
  • Need Mentors/Leaders to pave the way
Oglala Lakota Workforce Forum: Gaps Identified

• Parents
  • Parental Guidance – they need more information on South Dakota programs
  • Parenting skills are needed – Parents are young so grandparents, aunties, uncles are raising children

• High Schools
  • School Board buy-in needed – Can help programs reach the students and break down barriers
    • Encourage and allow students to participate and take advantage of programs

• Colleges
  • Need for cultural centers within colleges that provide a comfortable place to gather with food etc. (SDSU has a place for nurses)
  • Cultural Competency is needed when approaching tribal schools

• Community Culture
  • Think through barriers that students face – No computers, no internet, etc.
  • Racism for American Indians is high – Give training on cultural responsiveness
  • Lots of vacancies in all sectors – Not just in health systems
Oglala Lakota Workforce Forum: Gaps Identified

- **Data**
  - Reservations growth vs. State growth – Data will be helpful with workforce efforts
  - Qualitative ability to give hope and support for a springboard for progress

- **Jobs/Work**
  - Work retention is hard on reservation – there are too many collateral duties (non-patient care and meetings). Providers need more recognition.
  - Salaries are low in South Dakota

- **Programs**
  - Resiliency programs are needed on reservation
  - Master calendar of events is needed
  - Need action steps – short term and long term goals are needed to devise a vision
  - A roadmap for American Indian/University/Federal/State is needed – Tribes are dependent on grant funding which can create silos rather than work together – it’s become a bureaucratic process
  - Gaps in academic preparation for medical school – Many applicants don’t meet basic requirements – Academics have to be addressed early on – Medical schools can’t solve this problem
  - Need long-term consistent funding
Oglala Lakota Workforce Forum: The Vision

• Build Relationships for a unified approach to reach a common vision – “We can do anything together!”

• Collective Effort is needed – include trusted members of the community – “It takes a village.”

• Lakota Healthcare Providers for Lakota people

• Cultural responsive healthcare

• No wrong door – Hub for all services

• Healthy people with hope
Oglala Lakota Workforce Forum: Strategies

• Innovative Models
  • Find innovative models in Federal Government
  • Find unemployed local Lakota and help them into current vacancies and raise them up (use scholarships)
  • “No wrong door” hub on Pine Ridge Reservation – use grant resources to coordinate different groups’ information

• Communication/Outreach
  • Use social media – post positive, meaningful information for perspective students
  • A Website needs to be developed for South Dakota organizations – with important information – make it culturally appropriate
  • Email list serve of this group
  • “Like” Reservation Schools on Facebook so you know what is going on
  • Give information to the School Boards
  • Use Parent Teacher Conferences to give information – can use local newsletters to promote positive parenting
  • Give information at Lakota Nation Invitational – Close to area where students and families congregate
  • Develop one Master Calendar for events
Oglala Lakota Workforce Forum: Strategies

- **Job Shadowing**
  - Students can shadow Health Professionals (Regional, IHS, etc.)
  - Gen-I Native Youth Program – For indigenous students – IHS employs these students after school or on school breaks
  - Rapid City Regional Health – Goal to have one group from American Indian schools shadow health professions – each week they have resources including snacks and meals

- **Student Activities**
  - Medical Doctors and Registered Nurses come to the four high schools on the reservation – they do physicals and give CPR training certificates
  - Little Wound School has a morning assembly every day – Leaders can speak to the students then
  - College Fairs – focus on Middle School students who may be undecided on careers – include families and community as well
  - Youth Summit on Pine Ridge Reservation – Will have a cultural focus – i.e. roles of men and women – door prizes & assistance with utility bill will be given
    - Separated by grades
      - 9th Grade
      - 11th – 12th Grade
  - Medical Leaders from American Indian/Alaska Native communities are needed to give presentations to students – Role Models
Oglala Lakota Workforce Forum:
Leveraging Existing Resources

• **SCHOLARSHIPS**
  • NHSC (HRSA) – Loan repayment program
  • HPOG (GPTCHB) – Pathways for health professions
  • SDSU Nursing (Bush)
  • USD Medicine (INMED & HCSC)
  • NDSU MPH/DrPH (Helmsley)
  • SD HOSA – Build Dakota Scholarships
  • SD HOSA – HOSA Scholarships

• **MENTORING/SHADOWING**
  • IHS – Gen Indigenous – available in Kyle and Wanblee
  • Regional Health – USD – Summer (NAHSP)
  • IHS Internships
  • USPHS Costep Program
  • Other
  • SD DoH – Health Career Toolkits
Oglala Lakota Workforce Forum:
Leveraging Existing Resources

• HEALTH FAIRS/EVENTS
  • Kyle Health Center College Fair
  • Oglala Sioux Tribe Health Fair
  • SD HOSA: Future Health Professionals State Leadership Conference
  • Healthcare Career Summer Camp – 3rd week of June every year
  • Indians into Medicine (INMED) – 7th grade – graduate school (USD & UND) Grand Forks
  • American Indian Science and Engineering Society (USD Chapter)
  • Native American Healthcare Scholars Program (USD) – High School 10th & 11th grade – Red Cloud and Wagner High Schools
Oglala Lakota Workforce Forum:
Other Groups to Invite to the Forum

• Oglala Lakota College
• Elected Officials
• Funders/Foundations i.e. – Helmsley
• South Dakota Department of Tribal Relations / State Tribal Liaison
• Tribal Education Agency – OLNE Consortium
• University Center – Black Hills State
• Host conference call to discuss Reports
• Next in-person meeting – Tentative schedule in October
• Add events – List services, opportunities
  • Include on HPOG website

(HOW IS THE GROUP INCLUSIVE AND STILL EFFECTIVE?)
Oglala Lakota Workforce Forum:
Next Steps

• Email list serve of this group
• Bi-monthly conference call
• Face-to-Face Meeting twice a year
• Bring students and families together to “talk story” but make sure we know what we are offering first
• Survey 11th and 12th graders re: what keeps them from going to school
• Bring in Youth Council members into this group
• Start HOSA Chapter on Pine Ridge Reservation
Oglala Lakota Workforce Forum: Next Steps

• All participants elected to become part of an established work group with regular meetings.
• The USD School of Medicine will develop an infrastructure to support sustained funding/programs for healthcare workforce development efforts.
• Model developed by the end of August.
• Next Meeting of the Forum: mid-September
Contact Information

Nick Zucconi
Regional Administrator, Region VIII - Denver
Health Resources and Services Administration (HRSA)
Email: Nicholas.zucconi@hrsa.hhs.gov
Phone: 303-844-7879
Web: hrsa.gov/about/organization/bureaus/oro/
Twitter: twitter.com/HRSAgov
Facebook: facebook.com/HHS.HRSA