

# 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

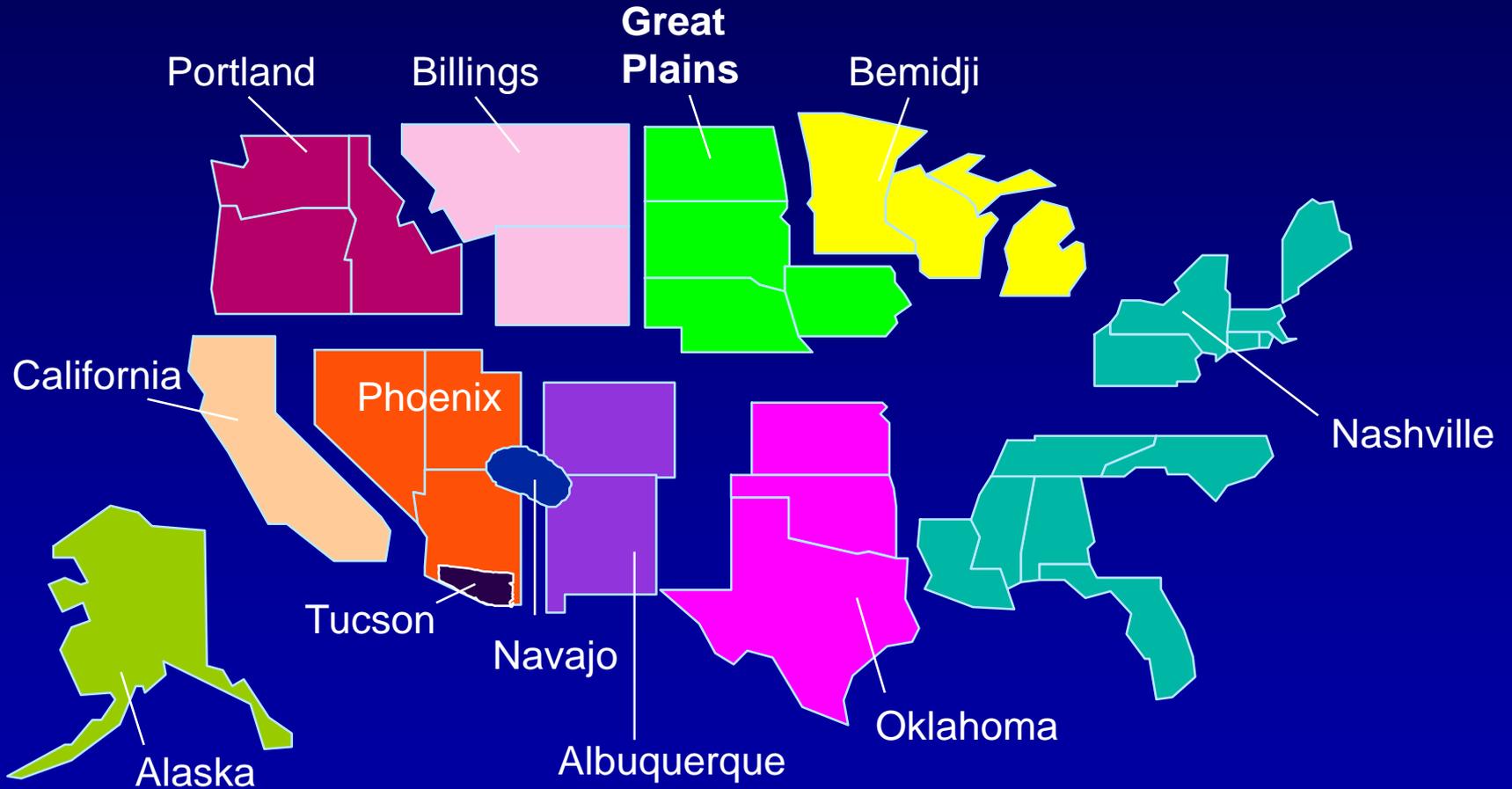


STUDENT FOCUSED • LAND GRANT • RESEARCH UNIVERSITY **NDSU**

# Pine Ridge Reservation Kyle, S.D.



# IHS Areas



# Number of AI/AN Applicants to US Medical Schools

	AI/AN	Black	Hispanic
■ 1977	124	2361	955
■ 2011	101	3215	3459

# 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

Hispanic/ Latino		American Indian/ Alaska Native	Asian	Black or African-American	Native Hawaiian/ Pacific Islander		
2,430	6.2%	219	0.6%	5,888	15.0%	145	0.4%

Race/Ethnicity	Total	Accepted	% Accepted
Hispanic/Latino	2,430	1,161	47.8%
American Indian/ Alaska Native	219	108	49.3%
Asian	5,888	3,059	51.9%
Black or African-American	5,069	1,956	38.6%
Native Hawaiian/ Pacific Islander	145	61	42.1%
White	19,278	11,161	57.9%

# Number of AI/AN PH Applicants, 2011, ASPPH

Degree Objective	Hispanic/ Latino	American Indian/ Alaska Native	Asian	Black or African- American	Native Hawaiian/ Pacific Islander
MPH	1,466	147	3,733	3,502	100
MS	178	13	381	166	4
MSPH	16	3	51	60	1
MHA/MHSA	140	10	359	169	9
OTHER MAST	184	6	233	197	2
DRPH	86	8	151	300	3
SCD	17	0	46	23	1
PHD	249	26	728	491	23
OTHER DOCT	40	2	59	42	1
JOINT DEGREE	54	4	147	119	1
<b>Total</b>	<b>2,430</b>	<b>219</b>	<b>5,888</b>	<b>5,069</b>	<b>145</b>

# Number of AI/AN PH Application Trends, 2001-2011, ASPPH

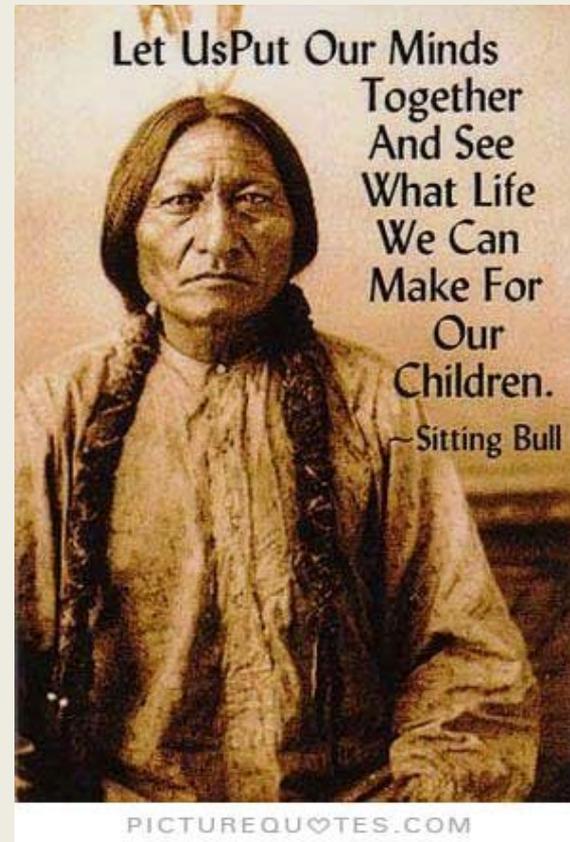
Year	Hispanic/Latino		American Indian/ Alaska Native		Asian		Black or African-American	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
2001	1,098	7.8%	82	0.6%	2,346	16.6%	1,921	13.6%
2002	1,235	7.5%	83	0.5%	2,770	16.9%	2,349	14.3%
2003	1,453	8.2%	123	0.7%	2,636	15.0%	2,272	12.9%
2004	1,383	6.7%	128	0.6%	3,123	15.2%	2,961	14.4%
2005	1,352	6.7%	173	0.9%	3,291	16.3%	2,999	14.9%
2006	1,379	6.6%	150	0.7%	3,129	14.9%	2,904	13.9%
2007	1,725	7.5%	114	0.5%	3,624	15.8%	3,049	13.3%
2008	1,848	7.3%	135	0.5%	3,771	15.0%	3,200	12.7%
2009	2,364	7.3%	183	0.6%	5,492	16.9%	4,014	12.3%
2010	2,607	6.9%	226	0.6%	6,005	15.8%	4,730	12.4%
2011	2,430	6.2%	219	0.6%	5,888	15.0%	5,069	12.9%

# 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*



# 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**



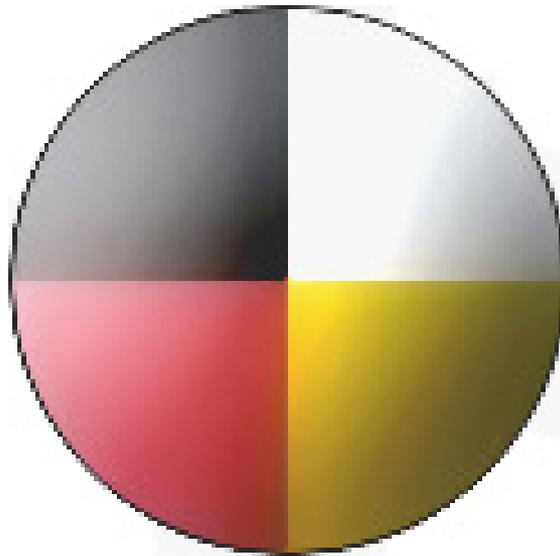
**CULTURAL**

**SOCIAL**

# **MEDICINE WHEEL & American Indian Student Support**

**ACADEMIC**

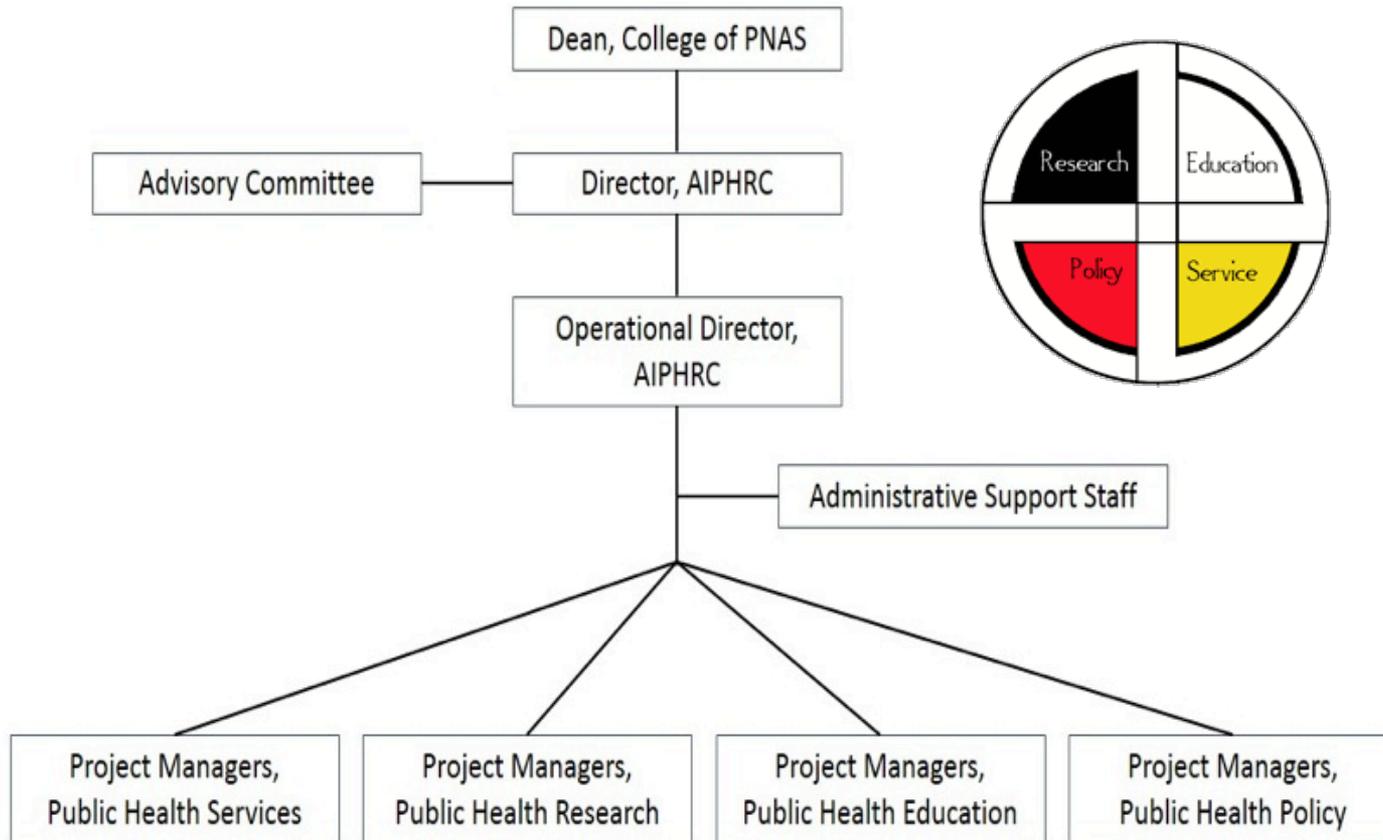
**FINANCIAL**



**CULTURAL**

**SOCIAL**

# American Indian Public Health Resource Center



# 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

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# American Indian Public Health Day



**AMERICAN  
INDIAN  
PUBLIC  
HEALTH DAY**

#4Directions4Health APRIL 4, 2016  NDSU Arikara Room  
Memorial Union

**10:30a.m. OPENING PRAYER**

Willard Yellow Bird

**OPENING SONG**

Michael Gabbard & 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

Cheyenne Brady - Sac and Fox Tribe, and Mandan, Hidatsa, Arikara Nation  
Amber Cardinal, MPH - Mandan, Hidatsa, Arikara Nation  
Tasha Peltier - Standing Rock Sioux Tribe  
Pearl Walker Swaney, MPH - Standing Rock Sioux Tribe and Ojibwe  
Jacob Walker Swaney - Potawatomi and Shawnee  
Shannon White - Sisseton Wahpeton Oyate

**noon LUNCH** traditional meal, NDSU Catering, Petra Reyna One Hawk

Buffalo Stew  
Wild Rice Stew  
Cherry Juice  
Coffee w maple syrup sweetener  
Water.

**1-3 p.m. GEOCACHING/SCAVENGER HUNT**

(to be held on NDSU campus)



# American Indian Public Health Day



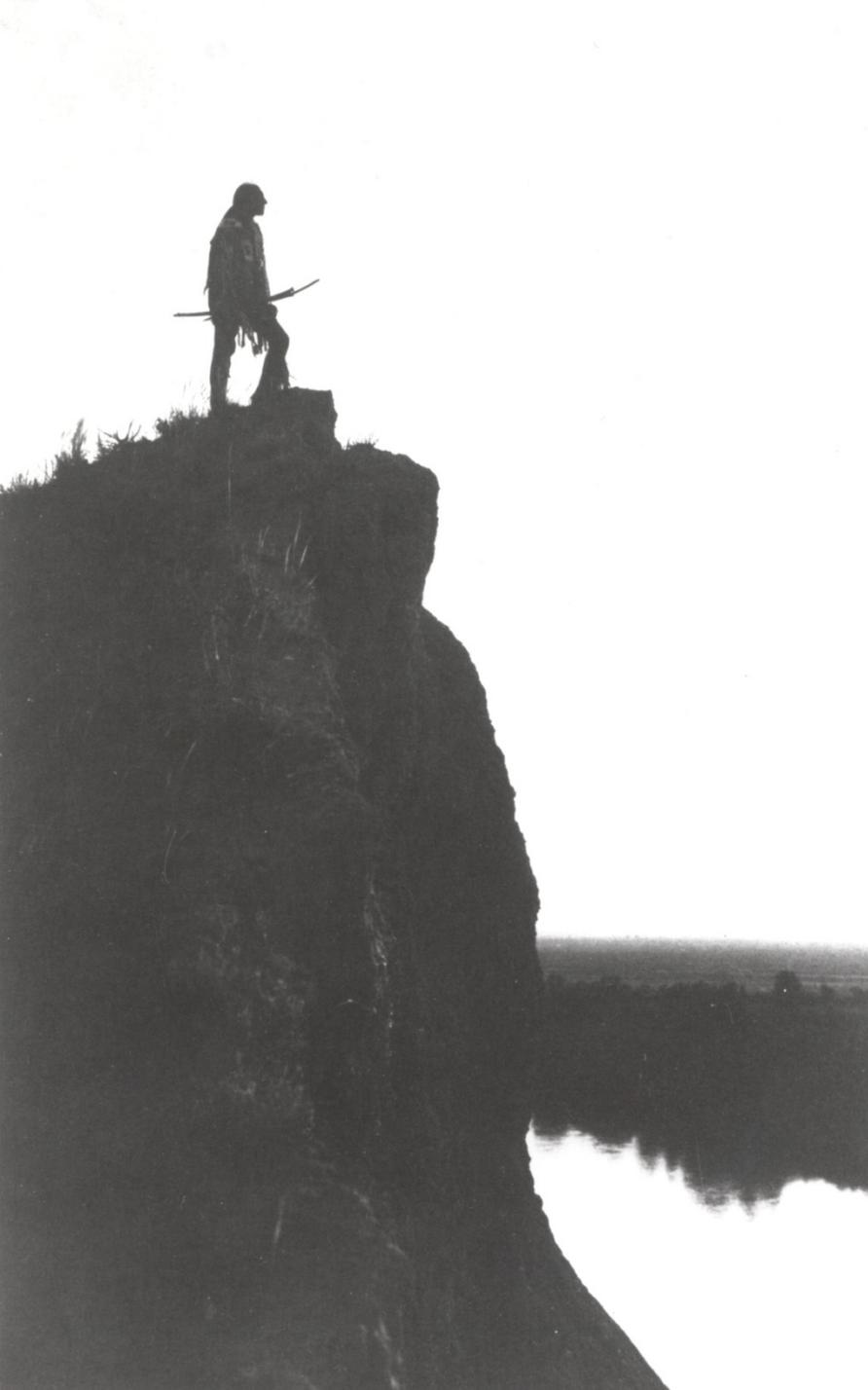
# American Indian Public Health Day



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# 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**

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# Health Professions Recruitment

*Nathan Anderson*

605-681-4940

[Nathan.Anderson@ihs.gov](mailto:Nathan.Anderson@ihs.gov)



*Opportunity. Adventure. Purpose.*



# 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

Profession	2016*	2015	2014	2013	2012	2011
Physician	34%	25%	23%	20%	21%	24%
Pharmacist	16%	6.6%	6.5%	4.3%	5.8%	6%
Nurse	24%	18%	16%	15%	15%	16%
Dentist	26%	18%	14%	10%	10%	12%
Physician Assistant	32%	21%		24%		
Advanced Practice Nurse	35%	25%	23%			
Optometrist		14%	11.5%	12%	11%	10%

\* Data submitted as of March 2016 from federal sites only, not Tribal.

# IHS Scholarship Program — Purpose

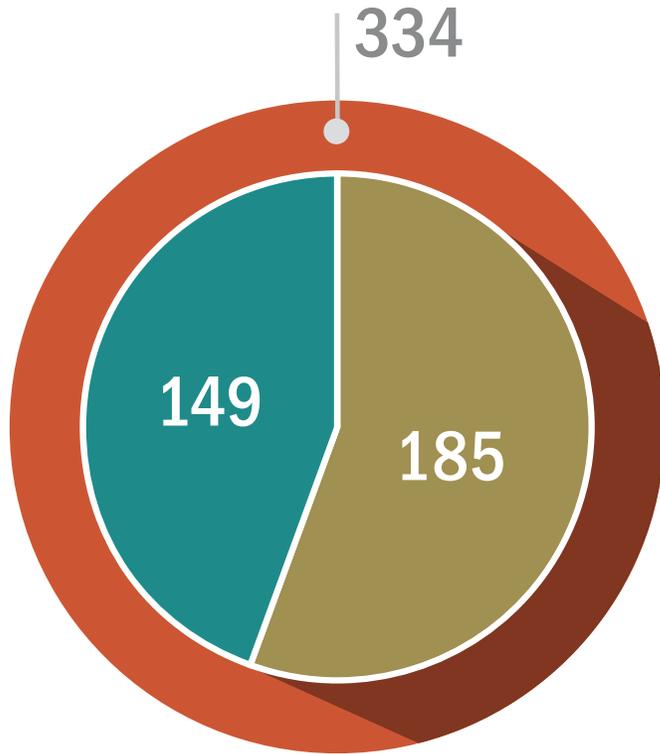
- To assist students in their efforts to achieve their health education goals.
- To provide health services for Native people.
- To train future leaders of the Indian health system.

## Expenses

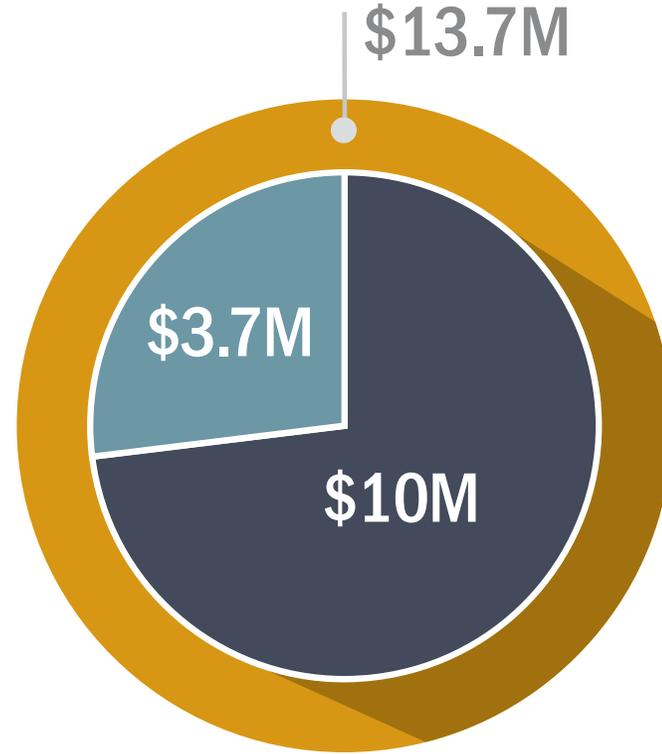
- Required tuition and fees
- School-required books, laboratory expenses, dental/medical/optometric equipment and other miscellaneous educational expenses.
- Tutorial services
- Monthly stipend (\$1,500 per month for 10 or 12 months/year)

# IHS Scholarship Program

In FY 2015:



■ NEW AWARDS ■ EXTENSIONS ■ TOTAL SCHOLARSHIP AWARDS



■ PREPARATORY/PRE-GRAD ■ HEALTH PROFESSIONS ■ BUDGET

# 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)

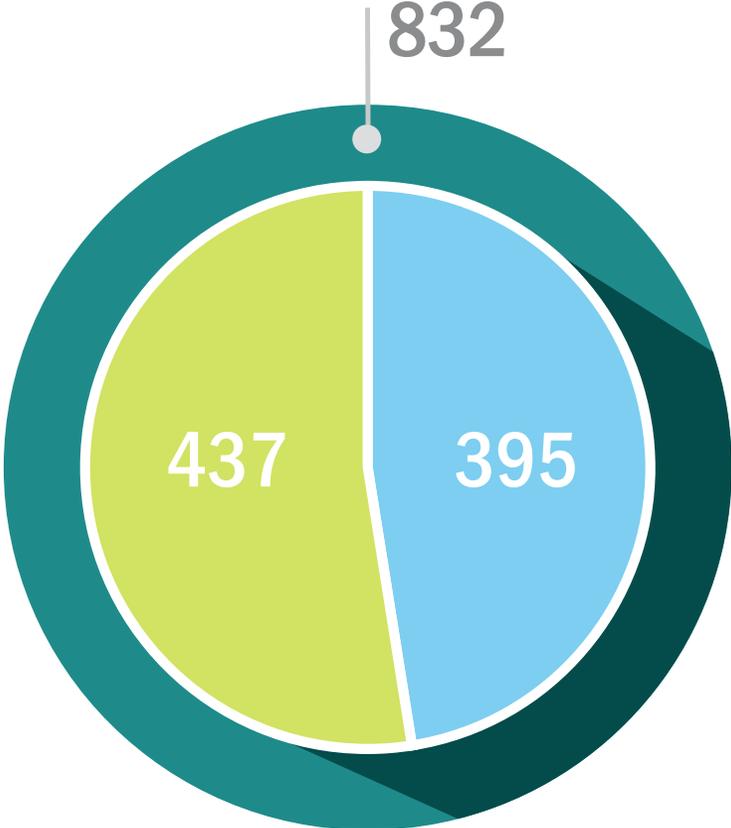
## **Purpose:**

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

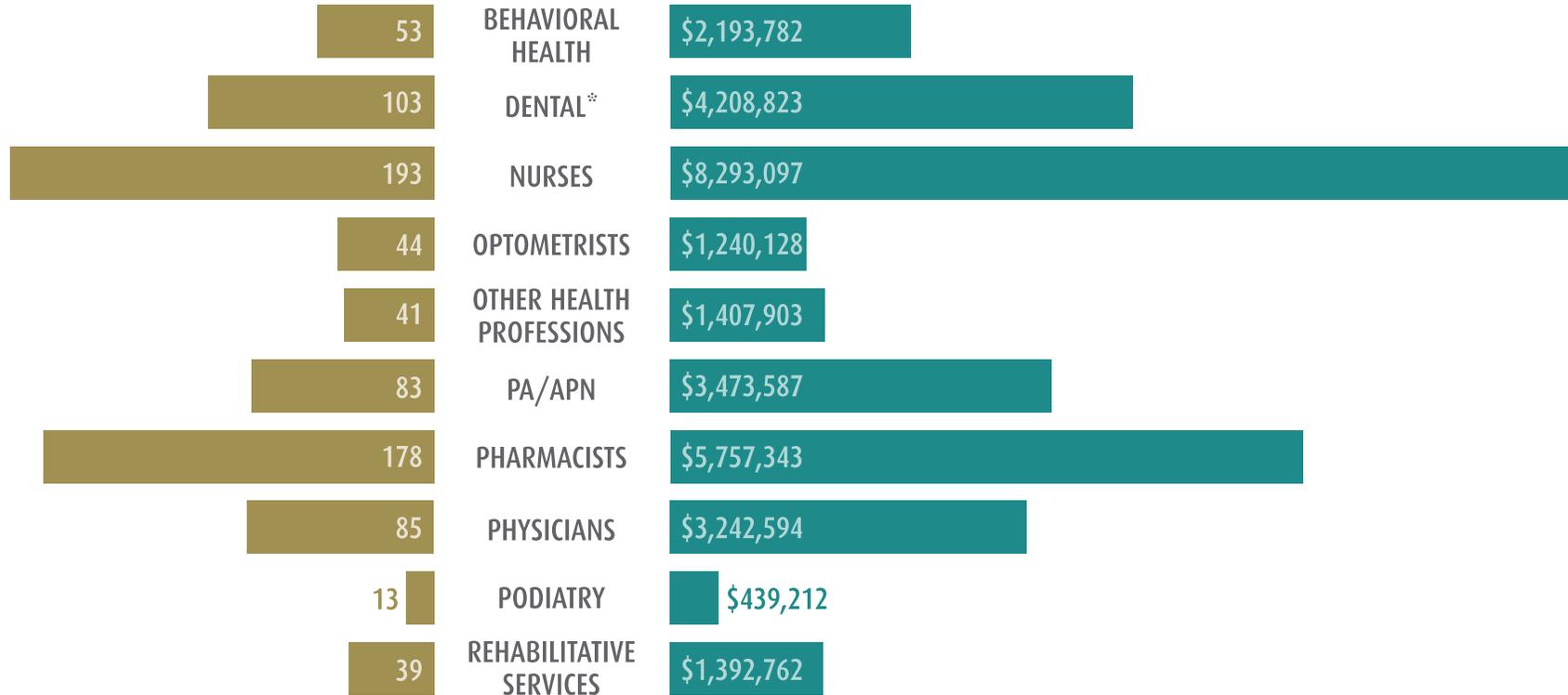
In FY 2015:



NEW 2-YR CONTRACTS    1-YR CONTRACT EXTENSIONS    AWARDS

# Health Professions Funded for LRP

In FY 2015:



TOTAL AWARDS

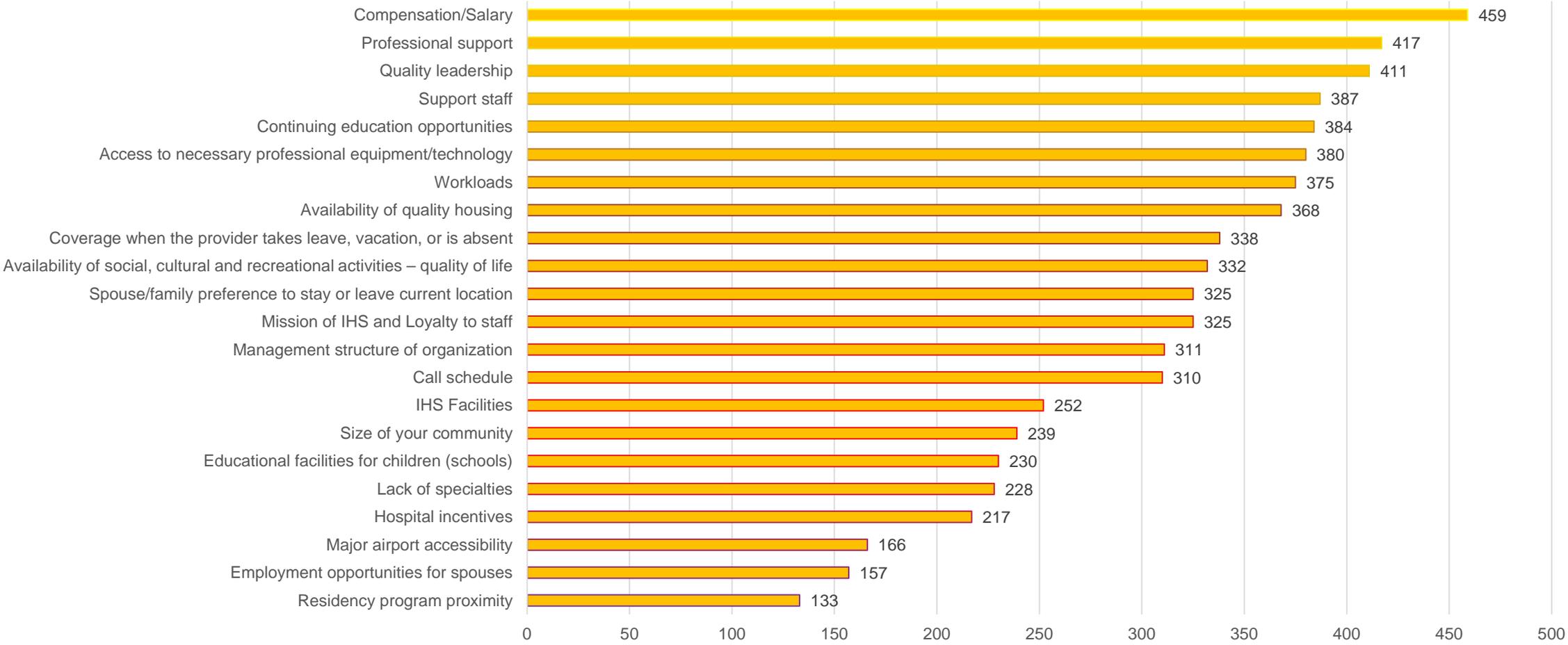
OBLIGATED FUNDING

\*This includes dentists, dental hygienists and dental assistants.

# Hiring Challenges

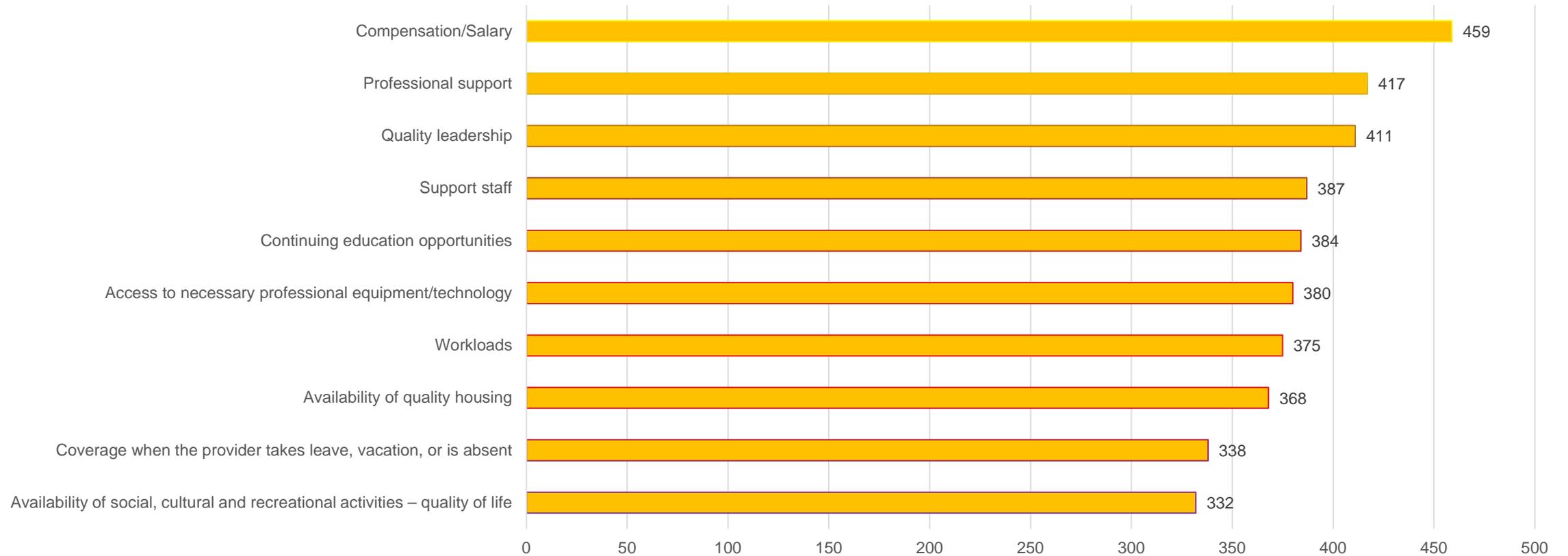
- Rural/frontier locations.
- Pay and benefits.
- Acceptable housing.
- Employment for spouses.
- Choice of schools.
- Competition for Rural Healthcare Providers
- Travel restrictions.
- Training for managers/leaders.
- Locating qualified applicants.
- Permanent leadership.
- Availability of support staff.
- Available funding.

# Factors of Importance



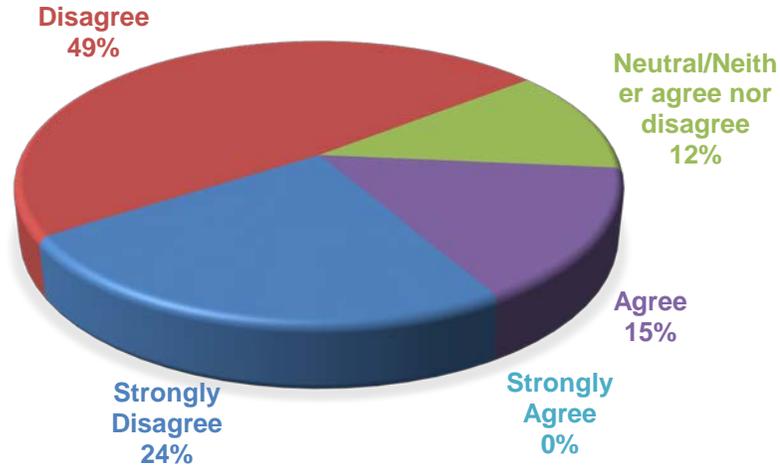
# Factors of Importance 1-10

Factors of Importance 1-10

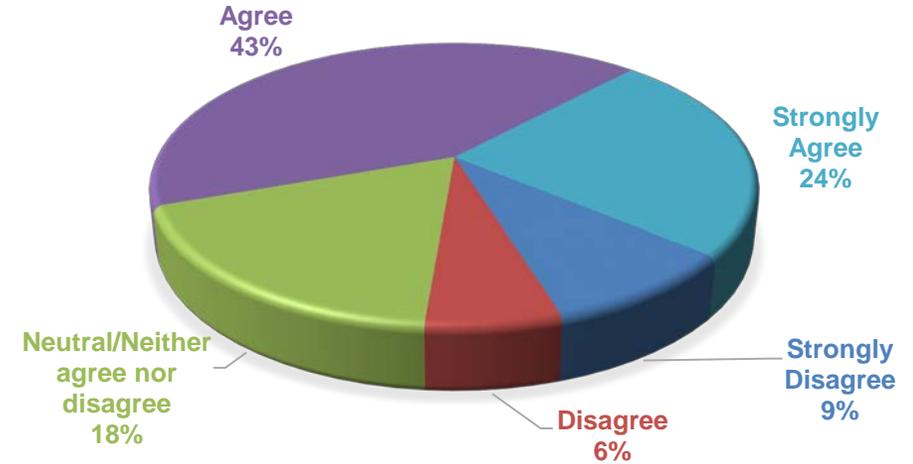


# Medical Staff Survey

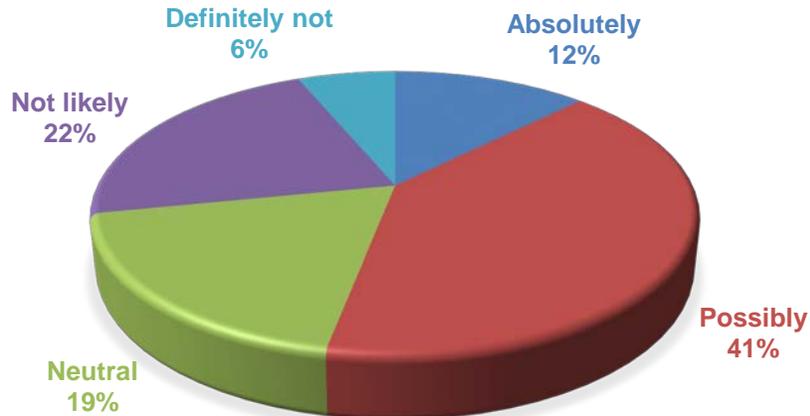
## FAIR COMPENSATION



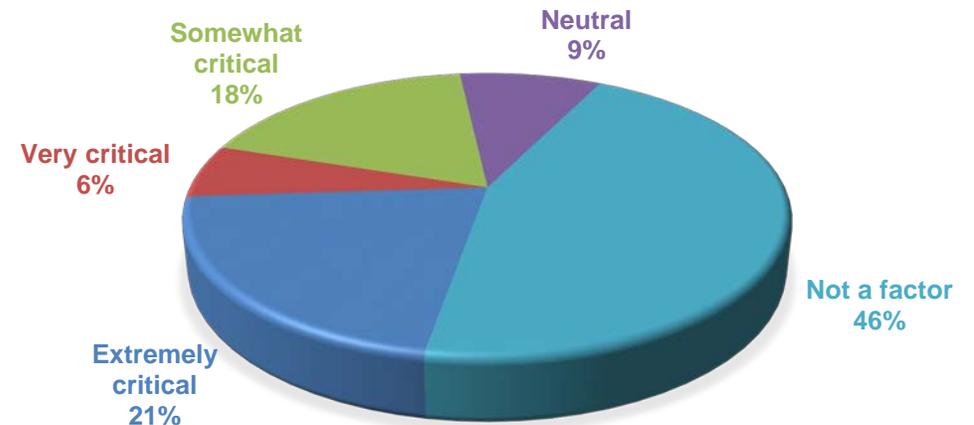
## QUALITY OF BENEFITS



## RECOMMEND IHS TO OTHERS

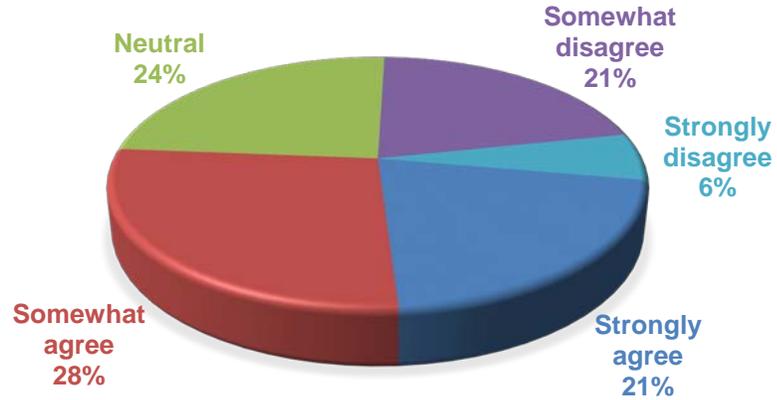


## IMPORTANCE OF HOUSING

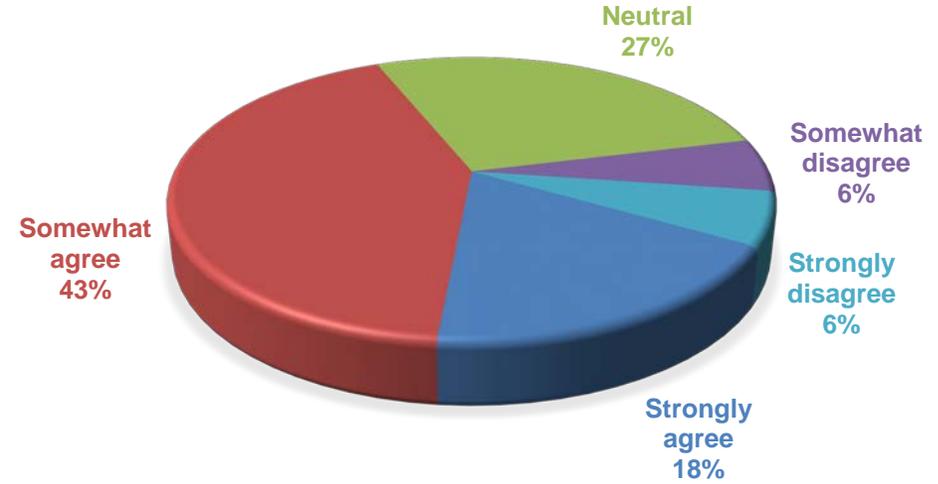


# Medical Staff Survey

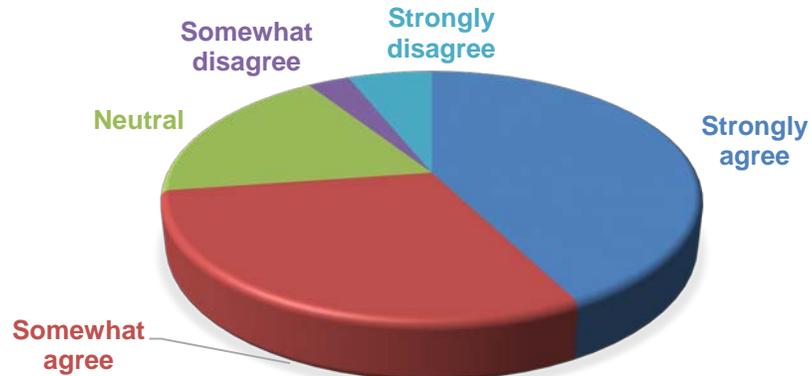
## FAMILY CURRENT LEVEL OF SATISFACTION



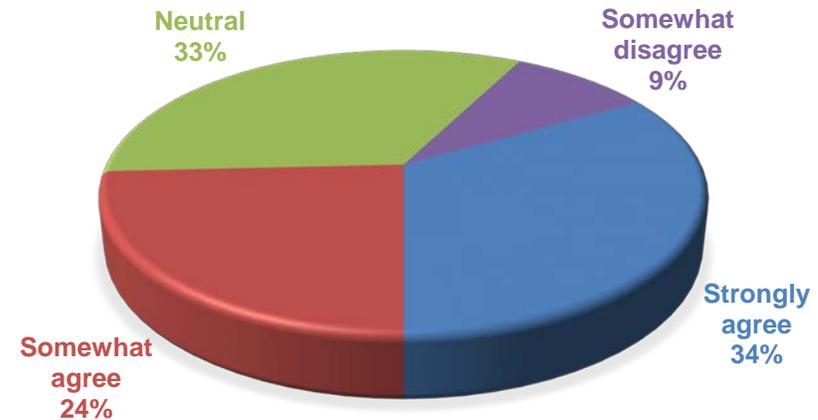
## FEEL ACCEPTED INTO COMMUNITY



## FAMILY SATISFACTION ROLE IN RETENTION



## ACCEPTED BY PATIENTS



# 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

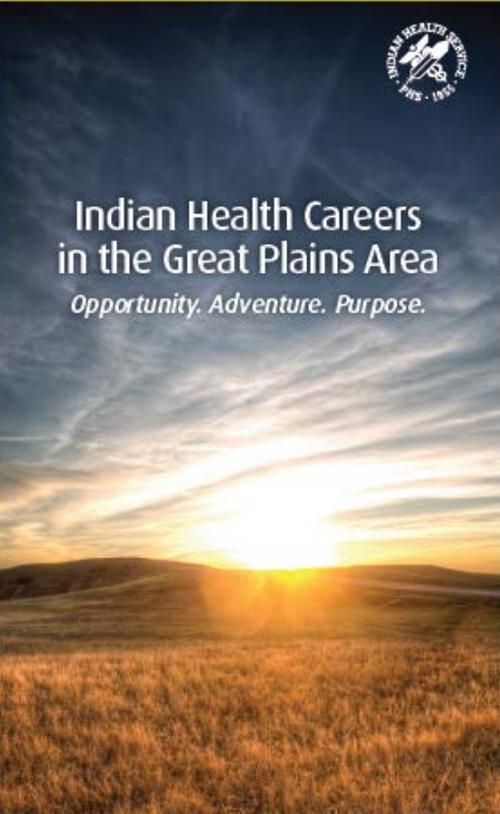
# Area Specific Recruitment Materials

INDIAN HEALTH SERVICE



## Indian Health Careers in the Great Plains Area

*Opportunity. Adventure. Purpose.*





## Great Plains Area

Facility locations, major cities and parks



North Dakota, South Dakota, Nebraska, and Iowa Parks

- 124 State Parks
- 6 State Forests
- 6 State Fish Sanctuaries
- 29 State Wildlife Areas
- 94 State Wildlife Management Areas
- 11 State Wildlife Refuges
- 3 National Historic Sites
- 86 National Wildlife Refuges
- 3 National Historic Sites
- 10 National Wildlife Areas
- 88 National Wildlife Refuges
- 1 National Recreation Area
- 3 National Forests
- 3 National Parks

For more information about the State Parks and the National Parks, visit [www.stateparks.com](http://www.stateparks.com)

1 Fort Thompson Service Unit	Fort Thompson, SD	Health Center
2 Kyle Health Center	Kyle, SD	Health Center
3 Lower Brule Service Unit	Lower Brule, SD	Health Center
4 McLaughlin Health Center	McLaughlin, SD	Health Center
5 Wanblee Health Center	Wanblee, SD	Health Center
6 Woodrow Wilson Keeble Memorial Health Care Center (WKKMHCC)	Sisseton, SD	Health Center
7 Yankton Service Unit	Wagner, SD	Health Center
8 Cheyenne River Service Unit	Eagle Butte, SD	Hospital
9 Pine Ridge Service Unit	Pine Ridge, SD	Hospital
10 Rapid City Service Unit	Rapid City, SD	Hospital
11 Rosebud Service Unit	Rosebud, SD	Hospital
12 Standing Rock Service Unit	Fort Yates, ND	Hospital
13 Turtle Mountain Service Unit	Belcourt, ND	Hospital
14 Winnebago Service Unit	Winnebago, NE	Hospital
15 Elbowoods Memorial Health Center	New Town, ND	Tribal Operated Health Center
16 Flandreau Service Unit	Flandreau, SD	Tribal Operated Health Center
17 Omaha Service Unit	Omaha, NE	Tribal Operated Health Center
18 Ponca Service Unit	Norfolk, NE	Tribal Operated Health Center
19 Sac and Fox Service Unit	Tama, IA	Tribal Operated Health Center
20 Santee Service Unit	Santee, SD	Tribal Operated Health Center
21 Spirit Lake Service Unit	Fort Totten, ND	Tribal Operated Health Center
22 Trenton Community Health Clinic	Trenton, ND	Tribal Operated Health Center
23 Great Plains Youth Regional Treatment Center	Wobridge, SD	Youth Treatment Center

 Hospitals range in size from 8 - 45 inpatient beds, employing 225 - 475 staff.  
 Outpatient health centers average 35 - 180 employees.  
 American Indian Reservation

For more information about these facilities, visit [www.ihs.gov/greatplains](http://www.ihs.gov/greatplains).



### Tribes of North Dakota, South Dakota, Nebraska, and Iowa

Cheyenne River Sioux Tribe • Crow Creek Sioux Tribe • Flandreau Santee Sioux Tribe • Lower Brule Sioux Tribe • Oglala Sioux Tribe • Omaha Tribe of Nebraska • Ponca Tribe • Rosebud Sioux Tribe • Sac and Fox Tribe of the Mississippi • Santee Sioux Nation • Sisseton-Walpetai Ojate • Spirit Lake Dakota Nation • Standing Rock Sioux Tribe • Mandan, Hidatsa and Arikara Nation • Turtle Mountain Band of Chippewa • Winnebago Tribe of Nebraska • Yankton Sioux Tribe



# Health Resources and Services Administration

## Facilitating Partnerships between HRSA Workforce Programs and the Oglala Lakota Tribe



HRSA Office of Regional Operations  
Denver, Colorado

**HRSA**  
Office of Regional Operations

# Overview of HRSA

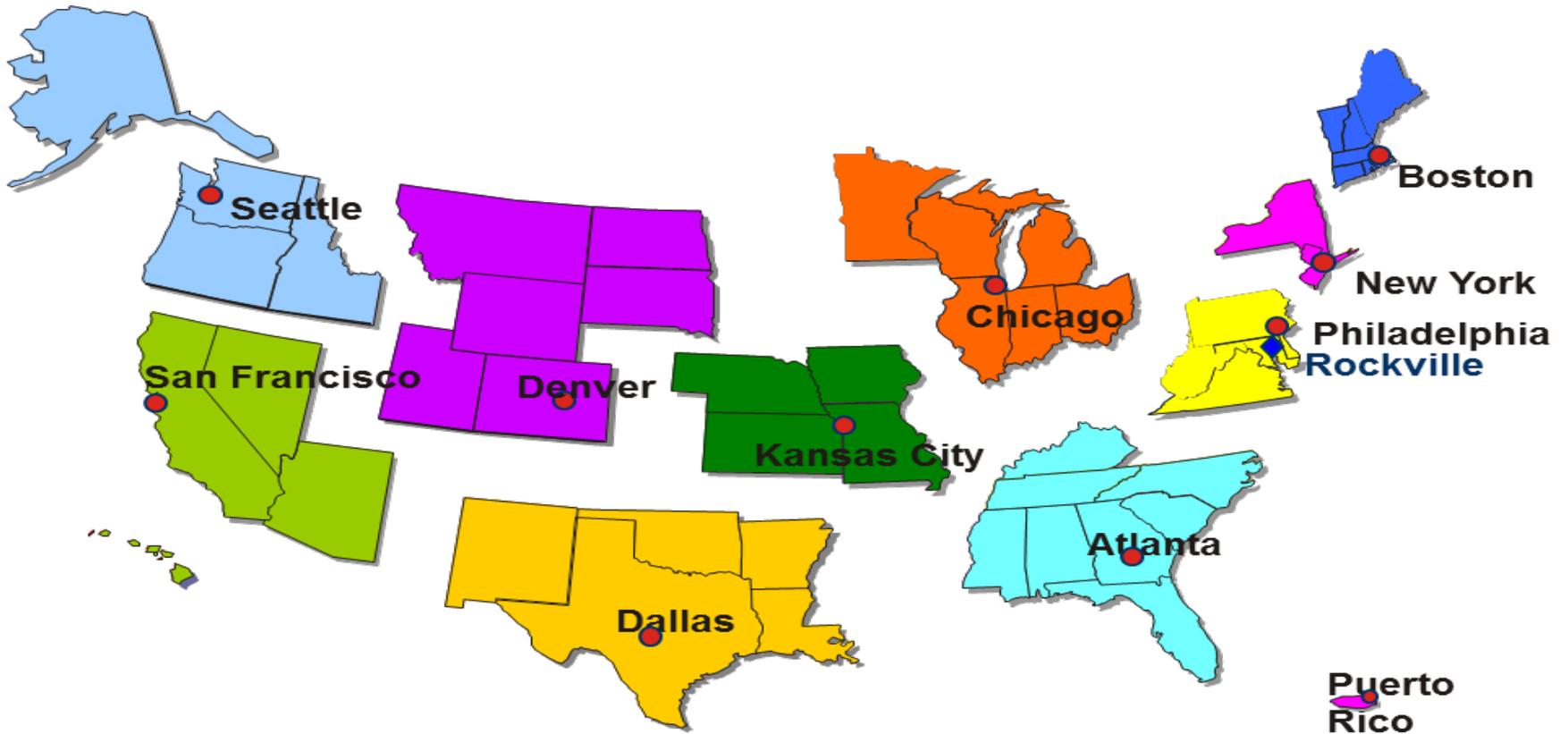


# 90+ Programs Administered by HRSA

- 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...



# HRSA's Regions



# Office of Regional Operations: Mission

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**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



# Office of Regional Operations: The Team in Denver

Name	Title	Areas of Focus
<b>CAPT Debra Scott, RN, MS, MA</b>	Regional Nurse Consultant	Community Engagement, Initiatives to Advance the Role of Nurses, Veterans, Special Populations <b>Montana and Wyoming</b>
<b>Kimberly Patton, PsyD</b>	Regional Behavioral Health Liaison	Behavioral Health, Regional Federal Collaboration <b>Colorado</b>
<b>CAPT Christina Mead, PharmD</b>	Regional Pharmacy Consultant	ACA Outreach and Education, Public Health and Primary Care Integration, Special Populations, Grantee Partnerships, Quality Improvement <b>Utah</b>
<b>Erica Grover, MPH</b>	Deputy Regional Administrator	Workforce, Outreach and Education, State Engagement <b>North Dakota</b>
<b>Nicholas Zucconi, MPA</b>	Regional Administrator	Outreach and Education, State Engagement, Tribal Affairs, Rural Health <b>South Dakota</b>



# 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

County Name	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Score
Shannon County	Shannon County	Primary Care	HPSA Geographic High Needs	19
Oglala Lakota County	Pine Ridge PHS Indian Hospital	Primary Care	Indian Health Service Facility	19
Oglala Lakota County	Kyle PHS Health Center	Primary Care	Indian Health Service Facility	18
Shannon County	Shannon County	Dental Health	HPSA Geographic High Needs	19
Oglala Lakota County	Pine Ridge PHS Indian Hospital	Dental Health	Indian Health Service Facility	24
Oglala Lakota County	Kyle PHS Health Center	Dental Health	Indian Health Service Facility	19
Oglala Lakota County	Oglala Sioux Tribe	Dental Health	Native American Tribal Population	25
Oglala Lakota County	Pine Ridge PHS Indian Hospital	Mental Health	Indian Health Service Facility	20
Oglala Lakota County	Kyle PHS Health Center	Mental Health	Indian Health Service Facility	21
Oglala Lakota County	Oglala Sioux Tribe	Mental Health	Native American Tribal Population	21
Shannon County	Catchment Area 11	Mental Health	HPSA Geographic High Needs	20



# 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



# Oglala Lakota Workforce Forum

- 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:
  - Explore ways to broaden interest in health careers among Oglala Lakota tribal members
  - Determine current activities for encouraging interest in health careers on the Pine Ridge Reservation
  - Discuss challenges that impact access to health careers for the Oglala Lakota
  - Discuss ways to facilitate access to resources that already exist
  - 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
      - 9<sup>th</sup> Grade
      - 11<sup>th</sup> – 12<sup>th</sup> 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 – 3<sup>rd</sup> week of June every year
- Indians into Medicine (INMED) – 7<sup>th</sup> grade – graduate school (USD & UND) Grand Forks
- American Indian Science and Engineering Society (USD Chapter)
- Native American Healthcare Scholars Program (USD) – High School 10<sup>th</sup> & 11<sup>th</sup> 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 11<sup>th</sup> and 12<sup>th</sup> 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

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