



WASHINGTON STATE UNIVERSITY
SPOKANE

Request for Letters of Interest

Partnership Name:

Washington State University (WSU) Native American Health Sciences
Providence
Seattle Childrens Hospital
Community Colleges of Spokane
Spokane Tribe of Indians
Kalispel Tribe of Indians
Confederated Tribes of the Colville Reservation
The Coeur d'Alene Tribe
Yakama Nation

Application Point of Contact:

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Fiscal Agent:

Washington State University

Submission Deadline

2-16-2024



1. Why are the partner organizations that are or will be included in this work the ones that came together to address educational attainment through place-based work in your region?

The Washington State University (WSU) Native American Health Sciences (NAHS) program manages a comprehensive array of culturally centered Indigenous health education, pathway, and support programs aimed to recruit, matriculate, and graduate Native American (NA) students entering healthcare fields at WSU including medicine, nursing, pharmacy, pharmaceutical sciences, nutrition and exercise physiology, speech and hearing sciences, clinical psychology, and other allied health sciences. Additionally, NAHS educates and serves non-NA health and allied health students to further develop the healthcare workforce who will inevitably serve the NA families and communities of Washington, the Pacific Northwest, and nation. NAHS manages the Center for Native American Health, with almost 3,000 sq. ft. of space, providing a student success center, a tribal community health space, and the nation's first Indigenous developed and instructed Clinical Health Simulation Center. Developed in 2021, the center serves to directly expand the number of NA healthcare professionals through recruitment and pathway programs, educate NA and non-NA health professionals currently in the workforce and future workforce through culturally centered clinical simulation and safe practice skills, and serves tribal nations and community partners. The work from the WSU NAHS program with communities also directly impacts the equitable treatment of tribal patients and families to end health disparities. Built around a vision of balancing Western medicine's approach to patient care with NA frameworks and holistic perspectives of healing, WSU NAHS programs provide a continuum of support in service of the ambitious goal of increasing NA representation in healthcare professions across the sector. This is the ultimate mission: to heal our people, by our people.

As NAHS at WSU has grown over the past five years, providing innovative approaches to serving prospective and currently enrolled students, it has become clear that a crucial step towards implementing systemic change and increasing matriculation of NA students into post-secondary credentialed programs across the health sciences empowers NA students in elementary, middle, and high schools across the region and state to envision themselves in health sector careers. In addition, the WSU NAHS program also creates opportunities for non-native medical students and professionals to learn traditional and cultural elements of care and treatment from tribal communities and elders to help decrease health disparities in Indian country.

The community centered partnership formed by WSU NAHS will consist of a lead community tribal consultant, Dr. Patsy Whitefoot, an elder from the *Yakama Nation*, who has led tribal education and policy reform in WA state and across the nation. Her leadership will help center the ways in which our leaders and community members gather, discuss, and make decisions about how we will serve tribal youth and adults in our region. In addition, the WSU NAHS Tribal Advisory Board, made up of several tribal community members and elders from Washington, Montana, and Idaho, who have advised the office and programs of WSU NAHS since 2007, will advise the year of planning, alongside Dr. Zoe Higheagle Strong, *Nez Perce*, WSU Vice Provost of Tribal Relations, and the Native Programs of our Pullman campus. We will also partner with Dr. Lori Hunt, Community Colleges of Spokane Provost, and their programs such as Phlebotomy, Nursing, EMT, and other allied health programs that align with our tribal community's regional needs. In addition, we plan to partner with regional health providers such as Providence Sacred Heart Medical Center, Seattle Children's Hospital, and potentially other referred care systems. The tribal nations we will be partnering within the region will be the Spokane Tribe of Indians, the Kalispel Tribe of Indians, the Confederated Tribes of the Colville Reservation, the Coeur d'Alene Tribe, and the Confederated Tribes



of the Yakama Nation. Currently, our WSU NAHS Tribal Advisory Board, has a tribal board member representing each one of these tribes as well.

2. How is or will the partnership be structured?

The community-centered partnership will be spearheaded by WSU NAHS, under the direction of Dr. Naomi Bender, *Quechua*, Director of Native American Health Sciences. The partnership will work together to develop culturally sensitive programming aligned with tribal communities. Programs will provide support for a range of demographics, from youth science and health exploration opportunities to improving health credential attainment pathways for adults.

Partnerships will be structured to receive input and identify the gaps in both early education and throughout a student's educational journey, including through adult learning. The WSU NAHS program will actively request input from a variety of students and community members through an interview process to see where these barriers occur. Interviews may be with K-12 educators, tribal elders, tribal educators and communities, native health care professionals, current health care partners, tribal families, and current native students who are pre-health or enrolled in our colleges within the Health Sciences.

Another example will be working with Spokane Community College's nursing direct transfer programs to increase NA matriculation into four-year universities. Interviews with students within the community colleges will help identify barriers that exist for them in potentially pursuing advanced degrees after they receive their associate degrees in allied health, such as surgical, radiology, vascular techs, and medical assistants. Additionally, working with a select number of highly esteemed teachers within these programs can also help understand their student population, the resources students and teachers need to help encourage continuing education, and interest in the advance healthcare fields. Furthermore, developing a better understanding of the gaps and unmet needs of our NA healthcare profession seeking adults, will assist our pathway building between health institutions and healthcare referred systems in our region, to build more meaningful and equitable opportunities toward career launch.

With these partner programs, the WSU NAHS program is furthering the goal of moving Washington State educational attainment towards 70% of adults achieving a credential beyond high school and committing to our tʔé pistem (future).

3. How have or will the partner organizations learn from each other, and the communities served, and how does or will the partnership incorporate this learning into ongoing work?

The WSU NAHS program will consistently communicate with each partnership, both individually and collectively, and will evaluate and process pathway programmatic planning and implementation to monitor growth and obtain developmental outcomes. The WSU NAHS understands that each tribe is distinctively unique in terms of way of life, traditional protocols and process, governmental structure, and tribal needs. Partnering programs will evaluate approaches and methods to measure and foster positive outcomes. Process evaluations will capture areas of growth and needs. In partnership with our consultant, Patsy Whitefoot, we will develop a series of interview questions to identify the barriers in our tribal partner communities. This interview will evaluate both science education, professional healthcare gaps, and health perceptions. The



WSU NAHS program will work with community partners and tribal elders to draft an action plan and roadmap. The WSU NAHS program will create spaces where collaborative discussions and engagement between all organizations can learn from one another and increase their capacity on the communities they support. The identified tribal communities will also be included in the discussions to incorporate their feedback and guidance. Discussions with tribes and partners remain key as it parallels a traditional/cultural process still practiced and valued with NA communities. Developing thorough and culturally appropriate approach incorporating key input from each tribe is a pivotal step.

4. Who are the focal population(s) in your partnership’s work, and what assets do learners and families in these populations bring to their educational journeys?

WSU NAHS has various programs and services to support the matriculation of NA students into medical school and other healthcare careers/fields.

The WSU NAHS also works with tribes and tribal entities to help support students in K-12 grades who they have identified this key demographic as a high priority to increase the number of students in healthcare careers. Some tribes have reported that basic sciences taught in K-12 schools is a significant starting point for youth to engage and appreciate basic sciences that are needed to continue to health fields in higher academia.

A current example of this Native American Recruitment & Retention Program (NARR). NARR was implemented at WSU in 1995 to increase the number of Native American nurses. The program successfully contributed to the graduation of more than 60 nurses during its first 18 years and had recruited Native American students to pursue the highest levels of nursing degrees available (Doctor of Nursing Practice, Doctor of Philosophy in Nursing). After graduation, most nurses returned to their tribes or went to work in clinical settings that predominately serve Native Americans. Today, the NARR program has expanded its focus to increase the number of Native American students entering all health science careers.

In addition to NARR, we also have the **Reimagine IndianS into MedicinE (RISE)** program. Rise is a 6-week summer academy which focuses on cultural engagement, community building, medical school admissions, supplemental basic science refresher, medical student mentors, and MCAT prep. All areas we know students need support to advance to medical school.

Another program implemented by WSU NAHS is the **OLD WAYS (Opportunity Learning Diversity, Wisdom, And Yesterday’s Stories)** 4-week summer program. The OLD WAYS summer program creates a safe space where tribal elders teach and provide important traditional knowledge and values to current medical students. The OLD WAYS program teaches medical students the parallels between western medicine and traditional knowledge and share important cultural values from tribal communities to help decrease health disparities amongst tribal people moving forward.

The WSU NAHS program provides culturally grounded support services for both NA and non-native students, including early learners and adults, as they pursue their medical careers. The WSU NAHS continues to provide pathway programs at all levels of education.

5. What is the geographic region where the focal population(s) that would be served by this investment live?



In the early phases of planning and implementation, the WSU NAHS will focus on local tribes which include the Spokane Tribe of Indians, the Kalispel Tribe of Indians, the Confederated Tribes of the Colville Reservation, the Coeur d'Alene Tribe, and the Confederated Tribes of the Yakama Nation. The WSU NAHS has representatives from each of these tribes on their current Tribal Advisory Board, and all these tribes have established a Memorandum of Understanding (MOU) agreements with WSU.

6. What are some of the systemic barriers that learners and families in your focal population(s) encounter?

Since Fall 2010, NA enrollment has declined from 196,000 to 123,000, a 37% decrease. Native American (NA) students face substantial barriers to educational access. They are often the first in their families to go to college and they are often living and attending schools in rural, underserved communities, making it difficult to access resources to learn more about postsecondary opportunities. Similarly, lack of access to higher quality math and science classes in middle and high school often serve as a barrier to NA students pursuing medical and health and allied health sector careers.

Significant health disparities also continue to persist in NA communities compared with the average US population. According to the US Department of Health and Human Services, our NA communities experience higher rates of prevalence and increased risk factors for many health concerns including heart disease, cancer, stroke, mental health and suicide, diabetes, obesity, tuberculosis, substance use, sudden infant death syndrome (SIDS), liver disease, and hepatitis. These inequities are exacerbated by a lack of providers in many NA communities. According to Indian Health Service (IHS) data show an average vacancy rate for physicians, nurses, and other care providers of 25%, making it difficult to provide quality, timely care to these communities. Increasing the number of practicing NA medical professionals and addressing cultural competency concerns in a wide demographic of students to deliver better care to rural and underserved communities is vital to addressing these systemic inequities.

Moreover, structural racism accounts for the continued health disparities of NA communities across the US. For example, IHS, a promised healthcare system by the US government in exchange for land with tribes through treaties, only covers 54% of all NA healthcare needs in the US. Healthcare is severely under resourced for NAs. In fact, federal prisoners in our nation receive more healthcare resources than NAs. Of the physicians in the US, there are approximately 1 million licensed providers, and among them, only 4,000 identify as NA. Across the health professions, NA's make up less than 1% of all health professionals serving in the workforce. This means those serving in Indian Country, are likely non-NA, and are less likely to serve in culturally knowledgeable and skillful ways that equitably serve our people. Instead of stopping health disparities, our health system and education system is in many ways, increasing many of these health disparities. With reports of implicit biased care or unintended racism, studies have continued to show that NA peoples are the victims of biased care at higher rates than other underserved communities. Yet among the medical education curriculums and health institutions in the US, there is no singular institution with a NA clinical simulation center meant to end provider perpetuated health disparities that has considered to invest in the NA community development and instruction of health and healing of their people, by their people. Among NA residents aged 25 or over, only 16.8% had earned a bachelor's degree or higher. This rate falls significantly short of the national rate of 35.7%.

7. What work do you propose undertaking during the granting period?



In alignment with Washington Student Achievement Council’s goal of increasing educational attainment beyond high school for students across the state, WSU NAHS along with the support of the WSU NAHS Tribal Advisory Board and community partners, seeks a \$247,614.76 (this is without indirects) investment to support a one year planning grant during which WSU NAHS and the Center for Native American Health team will convene an eastern WA community-centered partnership with several tribal nations, community healthcare leaders, community educators, and tribal community relations and consultant leads who will convene our work, to develop aligned goals and actionable next steps towards coordinating K-12 and college centered pathway programs designed to encourage NA students to pursue health and allied health sector education pathways and careers. This partnership ignited through a request by tribal community elders and members who came to WSU NAHS and sought out our team to convene a partnership toward new programming and hires to meet the systemic needs of their tribal youth and young adults in their communities. Their request was to plan and develop programming to recruit and excite tribal youth and adults in the sciences and health careers professions through coordinated efforts with their communities, education systems, our health systems, and other partners. Thus, this letter of intent is a request through trust of tribal communities we serve.

One significant element WSU NAHS has learned from tribal communities over the past few years is the importance working with tribal families, not just focusing our efforts directly on the individual. The WSU NAHS program understands the importance of family support in tribal communities, and efforts and engagement should include the family as whole when working with students. The inclusion of family throughout a student’s educational journey incorporates a system to provide support which remains a solid protective factor. The WSU NAHS will continue to incorporate a holistic approach that begins at the K-12 grade level with local tribal youth and communities and continue to follow through on the approach throughout the student’s educational journey through college attainment and onto career launch. Various programs have been implemented by WSU NAHS at the high-school, college, and postsecondary level that have been well received by tribal communities and students. In this first year, the WSU NAHS envisions an approach that fosters support throughout a student’s journey into and through college, but also incorporate tribal community’s specific needs.

8. How will this proposed work contribute to increasing educational attainment for the focal population(s) in your region?

Staff will also gather a comprehensive understanding of the landscape for Native students’ exposure to STEM careers within tribal communities, from K-12 programs to opportunities for adults seeking higher education pathways into health career fields, to better understand where opportunity gaps exist, and so future pathway programs are not duplicating efforts. Our goals are to convene with tribal elders and board members, educators, and health leaders, and provide a year of planning to meet the current and future educational and career attainment needs of our tribal youth and adults who want to serve our communities. This has been a priority of our WA tribes for many years.

Many tribal communities report that youth between grades K-12 on their reservations are not engaged in the sciences that are needed in college. One report indicates local NA youth scores are lower at both state and national averages compared to other ethnicities in terms of sciences in middle and high school. While many efforts focus on high school and undergraduates, tribal communities have shared that pathway programs and strategies are needed at all levels of education.



The WSU Native American Health Sciences program and Community Colleges of Spokane will work cohesively to ensure education and career achievement through a tribal community driven approach tackles these issues. Between both higher educational and healthcare institutions, the proposed approach creates more space and opportunities where matriculation of NA students begins to align to fulfill the needs identified by tribal communities in terms of healthcare. This approach strongly targets a significant area of development for youth (K-12) and increases opportunities for them to build self-worth and self-confidence around science and completion toward matriculation into health sciences and career launch as adults.

The ultimate goal is to co-develop pathways that will foster youth through adults toward the recruitment, matriculation, completion, and success of career launch as Washington's Native American healthcare workforce.

Sources

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