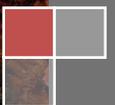


2012

# Arizona American Indian Pathways Into Health Conference Proceedings Report

*“Building a Firm Foundation for the Future  
of American Indian Health Care”*



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## ACKNOWLEDGEMENT

*Special thank you to the consortium of state, tribal and non-profit organizations with financial support from the Arizona Area Health Education Centers Program (AzAHEC) that made this conference possible.*

## EXECUTIVE SUMMARY

For the first time ever, on April 4-5, 2012 a historic statewide Arizona American Indian Pathways into Health Conference was held at the Fort McDowell Radisson Resort, located on the Fort McDowell Yavapai Nation. The conference theme was “Building a Firm Foundation for the Future of American Indian Health Care” and 116 participants attended the conference to share information, network and identify opportunities for improving the under-representation of American Indians in health careers. See Appendix A for a listing of conference attendees and Appendix B for a copy of the conference agenda. The purpose of the conference was to provide a unique forum for successful health career pathway pilot models to be highlighted and to share ideas on how health professionals and educators, Natives and non-Natives, can work together to more effectively and efficiently achieve a common goal – to see more American Indians preparing for health professions to improve the quality of care provided for and by American Indians in Arizona. A fundamental understanding is that the western model of health care delivery has challenges working in Indian country and that unique approaches are needed such as this pathways into health for American Indian youth.

The conference started with presentations that demonstrated the harsh reality of both health and resource disparities that American Indian families and communities face and the shortage of American Indian workforce in healthcare. This was followed by a presentation by an Arizona Tribal Leader who shared his unique perspectives of the importance of culture and traditions and how this affects American Indian students’ intellectual, social, and emotional development throughout life.

This set the stage for one and half days of plenary sessions that offered real life examples of current health pathway models that are addressing health disparities and preparing American Indian youth for future health service careers. Each plenary session had panelists who gave testimony that, given the right support at the right time from the right people, American Indian students can overcome barriers and successfully choose health and professional careers. Importantly, the conference offered examples that American Indian health professionals are serving American Indian communities at national, state and local levels.

Throughout the conference participants shared a common interest in keeping this conference theme and initiative going, but in a more coordinated and collaborative fashion. The participants identified three main principles and strategies to make education and training in the health professions more attainable. The following three areas were identified as strategies to increase the “pipeline” of future American Indian health professionals:

1. Health Career Pathways Pipeline, Education to Employment - Documentation and assessment of current statewide health pathways programs are needed, and a strategy and formulation of a collaborative statewide plan for creating a pipeline of future American Indian health care leaders needs to be a next step. Recommendations were made to gather all conference presentation information – statistics, programs, and strategies so an inventory could be made of what programs and strategies exist. Additionally, there should also be an assessment of other programs, strategies and resources that were not included in the conference and create an inventory to build a statewide document of

resources. From this document an “assessment map” would be developed of where programs are and what is working.

2. Statewide Strategic Plan - Create a statewide plan and vision for more coordination and information sharing across organizations and programs. Programs, organizations and institutions across the state appear to operate their pipeline programs in relative silos, with little opportunities for coordinating interventions across programs or developing a learning community to share best practices and other insights from each program’s pipeline programs. What is needed is a plan to identify specific roles for agencies to complement, not compete, as well create and strengthen a sustainable pipeline –e.g. the roles of Arizona Department of Health, Indian Health Service, Tribal education/health departments, academic institutions, etc. Included in the plan will be a need for cultural competency training to be presented by Native Americans.
3. Statewide Advocacy - Collective responsibility and commitments must be at the highest levels. Leadership, commitment, and accountability at the highest levels of government (Federal, State, and Tribal), including institutions and organizations of learning, and professional organizations need to give urgency and focus to the problem of under-representation of American Indian in the health professions. Formulation of a cohesive statewide plan for creating a pipeline of future American Indian Health Care leaders requires coordination among health, education, social and economic development policies at several levels of government (tribal, state and federal). Statewide advocacy should be coordinated through a Statewide Coalition.

As a result of the extensive participation by both conference planning committee members and attendees, many left the conference highly motivated and committed to continuing efforts to keep the conference theme and initiative going. As a next step, conference planning committee members have already begun initial discussions on the development of a statewide strategic plan and the establishment of an Arizona American Indian Pathways into Health Coalition to be tribally driven comprised of multiple agencies and key public and private sector stakeholders.

## **INTRODUCTION AND PURPOSE**

By many measures, disparities exist in the numbers of American Indians (AIs) in the health professions as compared with the general United States (US) population. Numerous complex factors contribute to this disparity, including inequities in education, healthcare and economic development opportunities. Generally, there are fewer American Indians in medicine, dentistry, nursing, pharmacy, and essentially, all health professions. Currently, IHS estimates that there is at least a 12% vacancy rate for health professions in their system, with nearly a 30% vacancy rate for dentistry (D. Pratt, personal communication, 26 September 2006). The majority of healthcare providers serving the American Indian population are non-Natives. The result is that the cultural competency of the system is not as good as it would be if there were more people from the American Indian population serving other American Indians. According to the Institute of Medicine (2003), cultural competence in the healthcare system has an impact on quality of care, and improved cultural competence in the healthcare system has the potential to reduce health disparities.

The roots of health disparities for American Indian people are multi-faceted, but participants at the conference identified the need to build American Indian community capacity by improving the number of American Indian health professionals who are community-based and culturally responsive. The consensus was that American Indian tribal members have the greatest knowledge and capacity to effectively serve their fellow tribal members. Until American Indian health professionals are in health professional positions in proportion to populations ratios, there will continue to be a cultural disconnect between American Indian health programs. Additionally there will be a disconnect between service delivery processes and the understanding of community needs.

## **CONFERENCE PLANNING COMMITTEE**

To more effectively address this problem of under-representation in health careers a conference planning committee was formed with representatives from the following agencies and Tribes: Advisory Council on Indian Health Care, Arizona Department of Health Services (ADHS), Gila River Indian Community, San Carlos Apache Tribe, White Mountain Apache Tribe, Hopi Tribe, Inter-Tribal Council of Arizona, Inc., Indian Health Service, First Things First, the University of Arizona Colleges of Medicine, Nursing and Public Health, Arizona Association of Community Health Centers, and University of Arizona Area Health Education Center (AHEC) Programs, which include the Eastern Arizona AHEC, Southwest Arizona AHEC, Western Arizona AHEC, Northern Arizona AHEC, and the Greater Valley Arizona AHEC. See Appendix C for a complete listing of the conference planning committee members.

The planning committee members represented educators, students, advisors, and health professionals covering the entire educational spectrum from K-12 to college to health professions schools. The planning committee members understood that in order to increase American Indian presence in the health professions, it was necessary to focus on the pipeline of AI students who could assume those roles in the future. Given the nature of educational building blocks, the planning committee members understood that the educational pipeline extends back much further than high school to middle and elementary school. Additionally, other important factors identified included culture and traditions and how this affects an American Indian student's

intellectual, social, and emotional development throughout life. The planning committee's goal for the conference was to bring people together from across the state of Arizona to showcase programs and models that are working and help develop partnerships focused on the "pipeline" of American Indian future health professionals.

## **CONFERENCE PROCEEDINGS EVALUATION SUMMARY**

Based on submitted evaluation forms the Conference participants gave a 90% rating of "very satisfied" to "satisfied" rating. Participants expressed overall satisfaction with the conference, convenience of registration, quality of presenters, usefulness of information, conference facility and location. A majority indicated they would attend future conferences. See Appendix D for a full summary of participant's feedback.

Future conference suggestions included breakout sessions with small groups, student participation, copy of power point presentations, strategic plan development with Indian Health Service and tribal health departments, local tour of Indian health care facility, and a presentation on bullying & gangs.

## **STATUS OF AMERICAN INDIAN HEALTH IN ARIZONA**

On the morning of day one of the conference, Dr. Charles Ty Reidhead, Chief Medical Officer for the Phoenix Area Indian Health Service presented data on the health disparities of American Indians in Arizona. Listed below are some of the highlights of Dr. Reidhead's presentation:

- Considerable health disparities exist between the American Indian and the general US populations. The root of health disparities for AI people are multi-faceted: low incomes, inadequate housing, substandard educational systems, under-funded reservation schools without physical education programs or healthy food programs, poor nutrition and cultural factors. The provision of healthcare services for American Indians presents a complex interaction of federal, state, Tribal and other programs with diverse funding streams and systems of governance. The result is that there are multiple systems of Indian health with a great degree of variability amongst IHS regions, states and Tribes.
- Arizona is home to approximately 277,732 American Indians, which represents the seventh largest American Indian state population in the nation. Whereas American Indians account for approximately 1% (one race), 2% (mixed races) of the United States population, they account for approximately 5% of the Arizona population (2007 estimates).
- In the State of Arizona, the average age at death is 72.2 years for the general population, and is only 54.7 years for AIs.<sup>1 2</sup>
- Preventable diseases impact American Indian populations at a far greater rate than they do the rest of Americans. Death rates from preventable diseases among American Indian (AI) people are significantly greater than among non-Indians, including: Diabetes 249% greater; Alcoholism 627% greater; Accidents 204% greater; Suicide 72% greater.<sup>3</sup> In the Phoenix Area Indian Health Service, encompassing most of Arizona as well as Utah and Nevada, the rates of death due to diabetes and alcoholism are even worse than the rest of

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<sup>1</sup> *Differences in the Health Status Among Ethnic Groups: Arizona 2003*, Arizona Department of Health Services, 2005

<sup>2</sup> *Differences in the Health Status Among Ethnic Groups: Arizona 2003*, Arizona Department of Health Services, 2005

<sup>3</sup> *Trends in Indian Health*. Indian Health Service. 2000.

the Indian Health Service (IHS). High rates of diabetes, subsequent depression and alcoholism create a significant need for effective behavioral health programs and interventions.

- Healthcare and health policy issues are not the only areas in which disparities exist, for example: high school graduation rates among American Indians is 65% compared to 75% in the general US population; 32% of the AI population lives below the federal poverty level as compared to 13% among non-Indians.<sup>4</sup> Health status and outcomes are highly correlated to education and income<sup>5</sup>, making these socioeconomic markers significant factors in AI public health, and health care is among the top issues of concern to American Indian communities.
- According to national census data, Arizona American Indians have lower household incomes and higher federal poverty levels than both national and statewide general populations. In addition, American Indians in Arizona have lower incomes and higher poverty levels than fellow American Indians nationwide. These factors contribute significantly to disparities in health status. It is also important to note that there is no single American Indian culture, and that each tribe is different in terms of governance, cultural perspective and health needs.

## **PERSPECTIVES FROM A RETIRED HEALTH CARE PROFESSIONAL – DR. GEORGE BLUE SPRUCE JR.**

On Day One of the conference a lunchtime keynote address was provided by Dr. George Blue Spruce Jr., the first Native American dentist in the United States. Since becoming a dentist Dr. Blue Spruce Jr. has actively encouraged American Indians to continue their education. He stated in his address how American Indian health professionals do not believe progress is being made when viewing the data related to health manpower development. He stated when one visits any of the numerous health facilities in Indian country, it is very obvious that there are very few American Indian health professionals, especially at the doctorate level, e.g.: Physicians, Dentists, Pharmacists. Thus, Indian people (without "doctorate" credentials) may not be participating in "meaningful" health care delivery and leadership positions.

Dr. Blue Spruce Jr. also disclosed it is disappointing to observe the following data:

- There are 400 dentists employed by the Indian Health Service and 150 Dentists employed by Tribal health programs. Of these 550 Dentists, less than 70 are known to be American Indian.
- It can be further noted that if the American Indian patient population were to have the same percentage of Indian Dentists providing services—as the non-Indian population—there would have to be 1,200 American Indian Dentists today.
- The Society of American Indian Dentists can document only 85 American Indian Dentists in the United States! These Dentists are enrolled members of their respective

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<sup>4</sup> *Regional Differences in Indian Health*. Indian Health Service. 2000-2001

<sup>5</sup> Deaton A. Policy Implications of the Gradient of Health and Wealth. *Health Affairs*, March/April 2002:13-30

federally-recognized tribes.

- There are less than five American Indian Dentists in nine of the ten largest tribes!  
Another way of looking at this picture is that there is only one American Indian Dentist for every 35,000 American Indian people.

Dr. Blue Spruce Jr. commented that there are many reasons for this severe lack of American Indian Dentists, the least of which are: lack of family and extended family support; lack of role models; lack of appropriate counseling; lack of proper course preparation; and lack of financial resources. He stressed that a network of support at every level of a students' educational pathway needs to be established to address the above obstacles.

### **LESSONS FROM THE FIELD: PROMISING PRACTICES PRESENTED BY SAN CARLOS APACHE TRIBE**

One of the promising current Arizona Indian youth health career pathway program highlighted during the conference was the San Carlos Apache Tribe (SCAT) 5<sup>th</sup> Grade Pathways into Health Initiative. The program was created in 2009 to prepare tribal students for potential employment, after post secondary education, at the new San Carlos IHS Hospital currently under construction. While some health career pathways programs already existed at local SCAT high schools, it was determined that a lack of early education support was restricting the number of students interested in and academically capable of successfully participating in these programs. It was determined that for optimal success, this process of health career pipeline development be started at the 5<sup>th</sup> grade level.

The program design centers around: (1) increasing student exposure to and knowledge of scientific concepts using Apache cultural knowledge, (2) introducing students and their parents to different health professions, and (3) the pathways necessary to achieve success. The program curriculum provides the students with realistic goals to strive for, encourages them to stay in academic programs and apply themselves meaningfully to their schoolwork.

The program structure is to work with a new cohort of 5<sup>th</sup> grade students each year while maintaining relationships with students who participated in the program the year before. As the cohorts of students move onto 7<sup>th</sup> and 8<sup>th</sup> grade, they will be introduced into mentor relationships and provided with shadowing opportunities through the Eastern Arizona Health Education Center (AHEC) and partnerships with local clinics and hospitals. As students enter high school, program such as Arizona Health Occupations Students of America and Med-Start will become available, and successful students will be recruited to become teacher aides for the summer 5<sup>th</sup> Grade Pathways into Health Initiative. This will serve a dual purpose of helping to develop the high school mentors while providing the new cohort of 5<sup>th</sup> grade students with role models.

The program has the full support of the SCAT tribal government and is located within the SCAT Department of Health & Human Services. A very active community Pathways into Health Coalition provides overall program guidance and support.

## **HEALTH CAREER PATHWAYS PIPELINE EDUCATION TO EMPLOYMENT**

The conference was scheduled for one and half days consisting of plenary sessions that offered presentations on health career pathway fundamentals, pathways roles and responsibilities, and current pathway models from across the State of Arizona that address health disparities and development of pipelines preparing youth for future service and careers in health care.

Some of the current Arizona health career pathway programs highlighted were the Area Health Education Center (AHEC) Program tribal partnerships such as the Western Arizona AHEC partnership with Cocopah and the Colorado River Indian Tribes on a certified nursing assistant program; the Greater Valley, and Northern Arizona AHEC involvement with the development of health career clubs such as the Indigenous Pride from Hopi Health Care Center and the Health Career Clubs on the Gila River Indian Community, the San Carlos Apache Tribe 5th Grade Pathways into Health Pilot Initiative collaboration with the Eastern Arizona AHEC. The Southeast Arizona AHEC currently sponsors and facilitates two Native American focused High School Health Career Clubs, one with the Tohono O’odham nation, held at the Baboquivari High School, and the other, with the Ha’san Charter High School, in Tucson Arizona. The program strategies include presentation/discussions with guest speakers who serve as mentors and role models, visits to academic institutions including the University of AZ, ASU and AT Still Universities to diminish fear of attending college and providing information and one-on-one assistance to help students enroll in programs such as Med Start, college financial aid and scholarship assistance.

There was an emphasis on looking at current best practice health pathway models because of the recognition that American Indian presence in the health professions would never increase to the level needed as long as the number of academically prepared students entering health professions schools remained at its current low level. Much of the best practice health pathway program presentations focused on the pipeline of academic preparation and health careers exposure of American Indian students prior to entry into health professions schools. One audience member commented that academic preparation and health careers exposure of students takes place over a long period of time, beginning at the earliest educational stages.

During the second day of the conference a student plenary panel was held for the students to talk about their perspectives and experience with health career pathways. Their perspectives included the importance of career awareness at an early age, indicating career awareness must begin early and continue at every educational level. This can be done in many ways, but one of the best, shared by a student, was to meet and get to know people who are engaged in those professions. Students mentioned they were encouraged by opportunities for “shadowing” to really see what life is like as a physician, dentist, pharmacist, veterinarian or a nurse. Another student also mentioned the importance of mentorship, and the need for support from role models--both successful adults and other students interested in health careers. Having contact with practicing professionals—e.g., through a mentoring program—can do a lot to sustain students through a long-term educational process. Another important education and career development factor identified by a student was the importance of family and culture, and the importance that their family understood and supported their aspirations to become a future health care professional.

The concluding conference plenary session was a presentation on program scholarships available at the college level and at health professional school for American Indian students. Roselinda White, Director of Strategic Planning Division, Navajo Area Indian Health Service, covered these scholarship opportunities and other programs, such as the Navajo Area Jobs and Recruitment, which offers preferential job placement to American Indian health professionals. The Indian Health Service (IHS), subject to available congressional funding offers scholarships to students at various stages of their health professions career goals pursuit. The Health Professions Preparatory Scholarship and the Health Professions Pre-graduate Scholarship Program are applicable for American Indians enrolled in pre-requisite courses that will prepare them for acceptance into a health professions program. Students interested in several allied health fields, nursing, and pharmacy are eligible for the Preparatory Scholarship whereas students enrolled in baccalaureate programs in pre-medicine, pre-dentistry, or pre-podiatry are eligible for the Pre-graduate Scholarship. The Indian Health Professions Scholarship is awarded to American Indian students that are currently enrolled in a health professions program. Upon receipt of the award, students are obligated to a service contract that requires one year of service for each year of scholarship with a minimum service period of 2 years.

Other examples of educational pipeline programs that receive IHS funding are the University of Arizona (UA)/Intertribal Council of Arizona, Inc. (ITCA) and the Indians Into Medicine (INMED) Program. The ITCA is primarily responsible for the K-12 outreach activities of the INMED Program and the UA focuses primarily on academic support and health professional recruitment and retention at the undergraduate and graduate levels at UA, and works in partnership with several campus programs. The programs offer tutoring services as well as academic support for college students. INMED also coordinates comprehensive academic summer enrichment programs for middle school, high school, college transfer, and premedical students.

Another strategy utilized by the IHS is preferential job placement for American Indian health professionals seeking employment on reservations or other tribal areas. The Civil Service and Commissioned Corps systems recruit and place physicians, dentists, nurses, and pharmacists designated as IHS service areas. Employment offers include attractive benefits packages and opportunities for job advancement. Preference is given to qualified American Indian candidates in all personnel categories.

In summary the conference presentations highlighted current best practice health career pathway programs, which while all making a positive difference in their own right, each of these programs appear to operate in relative isolation from each other. In addition to these highlighted programs, a number of other strategies to broaden the health professions pipeline were identified including efforts to provide extra support for American Indian students through strategies such as counseling and training in test-taking and interviewing skills, and efforts to include more students from two-year colleges and allied health professionals seeking second careers. With all these ideas and recommendations, conference participants suggested that what is needed is a plan to identify specific roles for each health pathway program to complement, not compete to create and strengthen a sustainable pipeline. There was discussion about the need for an analysis and documentation of current programs and resources currently available, statewide. There was a recommendation for formulation of a collaborative statewide plan for creating a pipeline of future American Indian health care leaders. Recommendations were made to gather all

conference presentation information – statistics, programs, and strategies so an inventory could be made of what programs and strategies exist. Additionally, there should also be an assessment of other programs, strategies, resources that were not included in the conference and create an inventory to build a statewide document of resources. From this document an “assessment map” would be developed of where programs are and what is working.

## **STATEWIDE STRATEGIC PLAN**

Because the factors affecting the student pipeline are multi-dimensional (educational, social, economic, family, community), schools and public health practitioners are not capable of solving these problems working in isolation. The bigger picture must be taken into account. Thus partnerships between schools, public health, medical and other stakeholders, sectors and organizations are essential. Indian health care programs and facilities have a huge stake in having well-educated and trained health care workforce and thus they have a vested interest in the quality of health care professional graduates.

Throughout the conference, it was stressed that there is a need to create a statewide plan and vision for more coordination and information sharing across organizations and programs. Programs, organizations and institutions across the state appear to operate their pipeline programs in relative silos, with little opportunities for coordinating interventions across programs or developing a learning community to share best practices and other insights from each program’s pipeline programs.

What is needed is a plan to identify specific roles for each agency to complement, not compete, to create and strengthen a sustainable pipeline of young American Indian students entering post secondary health professions educational institutions.

## **STATEWIDE ADVOCACY STRATEGY**

The conference participants identified the need for more commitment at the highest levels of leadership, in government (Federal, State, and Tribal), institutions and organizations of learning and professional organizations to give urgency and focus to the problem of under-representation of American Indians in the health professions.

Historically, policy development in multiple levels of government, including tribal governments, has not been coordinated. However, decisions made in health, education, social and economic policy arenas have an impact on each other, even if the administrators of these programs are not communicating regularly or coordinating their efforts.

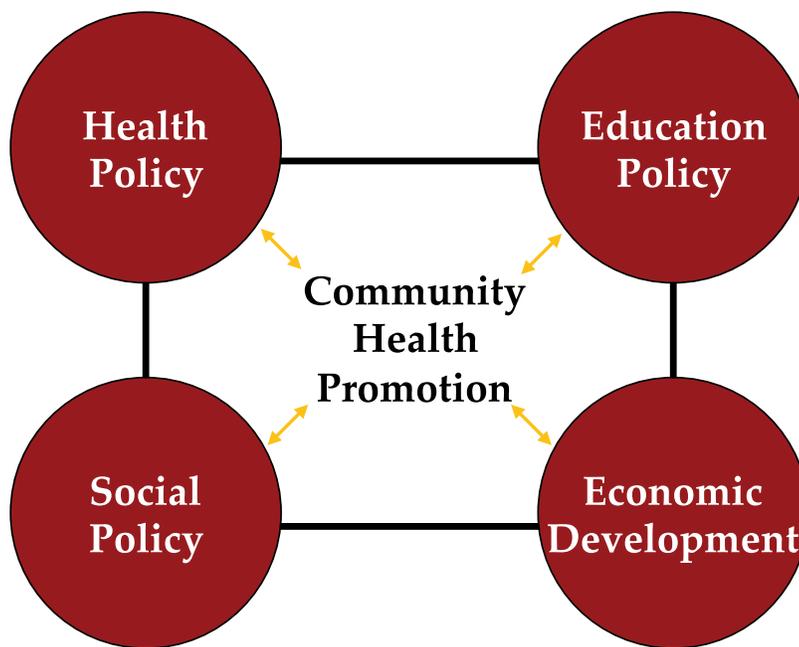
Health Policy is not a single action but requires a range of legislative and regulatory efforts that determine the who, what and how healthcare is delivered. Education Policy is the collection of laws and regulations that govern the operation of education systems. Social Policy is defined as actions that affect the well being of members of a community through shaping the distribution of and access to goods and resources in that community. Economic Policies are the range of legislative and regulatory decisions made that include the economic welfare of a community.

Such examples how of how these policy arenas can influence one another include how the San Carlos Apache Tribe (SCAT) 5<sup>th</sup> Grade Pathways into Health Initiative directly impacts policy

development in the health, education, social and economic development arenas. From a health policy perspective the program directly supports the goal to increase the number of Apache students who go on to attend health education institutions and come back and serve as health care professionals within the San Carlos Apache Tribal community. From an educational policy perspective the San Carlos Apache Tribe identified there was a lack of early education support restricting the number of students interested in and academically capable of successfully moving into health care professional careers. From social and economic perspectives, it is a known fact that high school graduation rates are lower among American Indians at 65% compared to 75% for the general US population; and that poverty rates are higher among American Indian populations at 32% as compared to 13% among non-Indians.<sup>6</sup> Health status and outcomes are highly correlated to education and income<sup>7</sup>, making these socioeconomic markers significant factors in AI public health, and health care among the top issues of concern to American Indian communities.

The role for policy coordination in community health promotion can be seen in the figure below:

## Policy Coordination Strategies *Tribe, State, Federal*



The goal of increasing the numbers of American Indians in the health professions is to; decrease disparities in disease rates and to promote the health of American Indian communities through the provision of culturally appropriate health services. Health policy alone will not have the impact of increasing the numbers of American Indian in the health professions without coordination of resources and efforts in education, social, economic and workforce development policies.

<sup>6</sup> *Regional Differences in Indian Health*. Indian Health Service. 2000-2001

<sup>7</sup> Deaton A. Policy Implications of the Gradient of Health and Wealth. *Health Affairs*, March/April 2002:13-30

One conference participant stated that making a real difference means advocating for more funding for public schools and developing sustained, ongoing partnerships between primary/secondary schools and health professions schools and other health organizations that bring expertise and resources to local schools and tribal communities.

## **RECOMMENDATIONS**

**Health Career Pathways Pipeline Education to Employment** - The following recommendations were proposed, by conference participants, to enhance Arizona's American Indian Pathway into Health efforts:

1. Gather all Arizona American Indian Pathways into Health Conference presentation information – statistics, programs, strategies presented and review and consolidate to create an inventory of what programs and strategies exist throughout Arizona.
2. Development of a plan to identify specific roles for each health pathway program to complement, not compete, to create and strengthen a sustainable pipeline.
3. Identification of other programs, strategies and resources not included in the Arizona American Indian Pathways into Health Conference and add to inventory to create and build on statewide document of resources.
4. Development of an assessment “map” where each of these programs can be identified and a list of factors that makes these programs work. Sharing of information that could be learned from best practice programs that could be replicated.
5. Placement of emphasis on gathering data to assess representation of AI health career students, AI health services providers, and monitoring the health career pathway patterns of graduates through the educational pipeline.
6. Encouragement of key stakeholders in the health system to increase leadership training and opportunities for under-represented American Indian health care professionals.
7. Housing assistance for students who move from rural tribal communities to urban areas to attend health professions school.
8. Development of role models and mentoring programs.
9. Implementation of tribal school districts and other educational institutions definitive outreach initiatives and program's to improve the quality of science and math education at the primary and secondary education level.
10. Inclusion of residency programs that would enable American Indian students to get hands on experience working side by side with experts.
11. Conduct evaluation research to determine what strategies are most effective and have impact.

**Statewide Strategic Plan** – The following recommendations stress the importance to develop a plan to complement, not compete to create and strengthen a sustainable pipelines of American Indian health care professionals:

1. Creation of a statewide plan for more coordination and information sharing across organizations and programs.
2. Assessment of programs to connect the dots between people, programs and institutions.
3. Development of Arizona based health professions schools, hospitals, public health entities and other organizations partnerships with local tribal communities and school systems to: a) provide students with classroom and other learning opportunities for academic enrichment in the sciences; and b) promotion of opportunities for parents and families to increase their participation in the education and learning experiences of their children.
4. Development of public awareness programs by Indian Health Service, state health departments/agencies, colleges, and health professions schools encouraging American Indians to pursue careers in the health professions.
5. Support to include mentoring, test-taking skills, application procedures counseling, and job interviewing skills from Arizona based colleges, universities, and health professions schools for American Indian high school and college students who express interest in the health professions.
6. Collaboration with statewide and tribal Workforce Investment Act programs.
7. Reduction of the debt burden of American Indian health professions students through scholarships, loan forgiveness programs, and tuition reimbursement strategies in preference to loans.

**Statewide Advocacy Strategy** – The following recommendations support the establishment of an Arizona American Indian Pathways into Health Coalition comprised of multiple organizations and key public and private sector stakeholders.

1. Formulation of a cohesive statewide advocacy plan coordinated among health, education, social, and economic development policy stakeholders at numerous levels of government (tribal, state and federal). All stakeholders need to be at the table at the same time to jointly address pipeline issues.
2. Involvement of tribal leaders in all discussions so they are educated on the issues and can work to advocate on behalf of their tribal communities.
3. Advocating for more funding for public schools and development of sustained, ongoing partnerships between primary/secondary schools and health professions schools and other health organizations that bring expertise and resources to local schools and tribal communities.

4. Ensure that health professions school's mission statements reflect a social contract with the community and a commitment to diversity among their students, faculty, staff, and administration.
5. Promotion for development and adoption of measureable standards for cultural competency for health professions faculty and health care providers by health professions organizations and Indian and non-Indian health care programs.
6. Consideration by state licensure boards for nurses, physicians, and dentists of the value of having continuing education in cultural competence as a condition of licensure.
7. Increase in the representation of minority faculty on major health professions educational institutional committees, including governance boards and advisory councils. Institutional leaders should regularly assess committee/board composition to ensure the participation of underrepresented minority professionals.
8. Implementation of definitive outreach initiatives and programs by local school districts and educational institutions to improve the quality of science and math education at the K-5 level.

## **CONCLUSIONS**

The Arizona American Indian Pathways into Health Conference provided a unique forum for presentations and discussions as to how health care professionals and educators, Natives and non-Natives, can work together to more effectively and efficiently achieve a common goal – to see more American Indian students preparing for health professions to improve the quality of health care provided for American Indians in Arizona. The conference: (1) provided the harsh reality of both health and resource disparities that American Indian families and communities face and the shortage of American Indian healthcare professionals; (2) highlighted current health pathway models that are addressing health disparities and preparing youth for future service and careers, and; (3) gave testimony that given the right support at the right time from the right people, American Indian students can become health care professionals. Collectively conference participants recommended strategies for creating a sustained pipeline of future American Indian health care professionals. These recommendations included the development of a statewide strategic plan and the creation of an Arizona American Indian Pathways into Health Coalition.

## **NEXT STEPS**

The Planning Committee will be convening post conference meetings to follow up on the conference recommendations to include initial planning for a statewide strategic plan and the development of an Arizona American Indian Pathways into Health Coalition.

## APPENDICES

### APPENDIX A: Conference List of Attendees

First Name	First Name	Job Title	Agency
Addison	Doloras	Area Diabetes Consultant	Tucson Area IHS
Aitken	Rita	Title V Education Manager	Arizona Department of Health Services
Allison	Michael	Native American Liaison	Arizona Department of Health Services
Almazan	Maria Jose	Director	Regional Center for Border Health, Inc
Ami	Ruth	Sr. Community Health Representative	The Hopi Tribe
Angel	Denise	Program Coordinator	N.A. Research and Training Center, UoA
Antone	Clifford	Public Works	Gila River Indian Community
Antone	Priscilla	Advisory Council on Indian Health	Council Member
Armelin	Eileen	Elementary Teacher	San Carlos Unified School District 20
Attakai	Agnes	Director, Health Disparities Outreach Prevention Education	MEZCOPH/University of Arizona
Baloo	Stephine	Intern	Southeast AZ AHEC
Bahe	Amanda	Student	University of Arizona
Begay	Carlyle	Consultant Specialist	A I Health Management and Policy
Begay	Meliss	Regional Director	First Things First
Bamick	Louise	Community Health Representative	Tonto Apache Tribe
Beita	Oscar	Associate Director	UofA College of Medicine-Office of Outreach & Multicultural Affairs
Bejarano	Alex	Director of Public Relations	Regional Center for Border Health, Inc.
Ben	Nella	CEO	San Carlos PHS Indian Hospital
Blue Spruce Jr.	George	DDS	Retired
Boone	Veronica	Social Services Director	Tucson Indian Center
Brandt	Carri	Health Education Pathways Coordinator	Northern Arizona AHEC
Byrne	Jeri	Executive Director	Eastern Arizona AHEC
Carlson	Christine	Elementary Teacher	San Carlos Unified School District 20
Cini	Sharon	Student	ASU
Clendaniel	Sean	Director	NAHEC/ North Country HealthCare
Comb	Randall	Training Instructor	Navajo Nation Special Diabetes Project
Crump	Holly	Program Coordinator	Eastern Arizona AHEC
Dashee	Ernestine	Community Health Representative	The Hopi Tribe
DeHose	Levinia	Community Health Representative	White Mountain Apache Tribe
Don	Linda	Assistant. Dean, Student and Education Affairs	College of Medicine, UoA
Dugi	Heidi	Health Educator	Tuba City Regional Health Care Corporation
Elliott	Anita	Dentist	Elliott Dental
Emrick	Gail	Executive Director	Southeast AZAHEC

Enriquez	Lydia	Administrative Assistant	Advisory Council on Indian Health Care
Escue	Billy	Assistant Director for Business Services	Salt River Pima – Maricopa Indian Community
Farren	Susan	Project Coordinator HCOP Grant	UofA COM Outreach and Multicultural Affairs
Figueroa	Raphael	Title V Outreach Manager	Arizona Department of Health Services
Francisco-Yanc	Juanita	Supervisor	IHS Desert Vision Youth Wellness Center
Garcia	Annabelle	Community Health Nutrition Program	Health Resource Department, GRIC
Garcia-Downing	Carmen	Minority Outreach into the Health Professions	University of Arizona
Gonzalez	Sally	Representative District 27	State of Arizona Legislature
Gorman	Gwenda	Director, Health Promotion Program	Inter Tribal Council of Arizona, Inc
Hale	Albert	Senator District 2	State of Arizona Legislature
Hale	Paula	Relationship Director, Arizona	Alliance for a Healthier Generation
Hamilton	Charlene	Director	WMAT Division of Health Program
Hanson	Kameron	Research Technician	University of Arizona
Harvey	Tania	Domestic Violence Victim/Witness Advocate	Ft. McDowell Prosecutors Office/Domestic Violence Program
Honanie	Herman	Vice Chairman	Hopi Tribe
Howard	Flora	Executive Director, Education Department	San Carlos Apache Tribe
Hubbard	Fred	Executive Director	Advisory Council on Indian Health Care
Hubbard - Pourier	Lydia	TRBHA Contract Administrator	Arizona Department of Health Services
James	Julia	Academic Lead Counselor	San Carlos Education
Johnson	Cheryl	Chief Operations Officer/Owner	Care Express Transportation Inc
Johnson	Preeo	CHR Program Director	White Mountain Apache Tribe
Johnson	Verna	Human Services Specialist	Inter Tribal Council of Arizona
Joshevama	Melodie	President	Indigenous Strategy, LLC
Joshevama	Palomana	Student	Saint Gregory High School
Kanuho	Jermiah	Transportation Division Manager	Native Resource Development
Kescoli	Cecilia	Community Member	Hardrock Chapter, Navajo Nation
Kescoli	Danny	Family BH Specialist	Hardrock Council on Substance Abuse
Kelly	Juli	Life Center Director	Gila River Health Care
Laffoon	Kenton	Program Director	Inter Tribal Council of Arizona, Inc.
Lane	Travis	Health Program Specialist	Inter Tribal Council of Arizona, Inc.
Lee	Lyle	Public Health Nurse	IHS-Northern Navajo Medical Center
Lester	Donovan	Entrepreneur	Native Balance
Lewis	John	Executive Director	Inter Tribal Council of Arizona, Inc.
Lindsey	Marti	Director of Community Outreach Education Program	Southwest Environmental Health Center
Long	Albert	Sr. Program Project Specialist	Division of B H Services, Navajo Nation
Livingston	Stephen	Program Manager	ASU/A I Students United for Nursing
Madril	Gregory	Director, Workforce Investment Act Program	Pascua Yaqui Tribe
Martin	Ginger	PFCC Director	Gila River Health Care
McKinley	Sherrilla	Health Program Specialist	Inter Tribal Council of Arizona, Inc.

Melendez	Kristin	Student	University of Arizona
Monongye-Russell	Lori	Community Health Representative	Hopi Tribe
Moyah	Carlos	EAP Counselor	Gila River Gaming Enterprise
Myers	Steve	Principal, Rice Elementary	San Carlos Unified School District
Nalwood	Debi	Program Analyst	IHS Tucson Area
Nez	Byrde	HPDP Specialist	Tsehootsoof Medical Center, Fort Defiance
Noline	Nolita	Academic Counselor	Pathway to College
Onsae	Carey	Public Health Educator	Hopi Health Care Center
Orth	Catherine	STEM Coordinator	San Carlos USD No. 20
Paez	Lourdes	SEARCH Program Coordinator	AZ Association of Community Health Centers
Pampara	Ines	Director	Regional Center for Border Health/WAHEC
Pattea	Clinton	President	Fort McDowell Yavapai Nation
Reidhead MD.	Charles Ty	CMO	Phoenix Area IHS
Redhouse	Brenda	Prog. Coord..N A Workforce Dev't	Southeast AZ AHEC
Redhouse	Gregory	Studies Instructor	Tohono O'odham Nation
Patten	Roberta	Career Development Coordinator	DHHS, San Carlos Apache Tribe
Perez	Jon	Regional Administrator, Region IX	SAMHSA,
Pete	Lavina	President	Navajo Technical College, LLC
Petty	John	Program Coordinator	Eastern Arizona AHEC
Price	Theresa	Director	Mesa Public School N A Education Program
Puente	Priscilla	President	Navajo Technical College LLC
Reel	Sally	Director, Arizona AHEC	University of Arizona
Rope	Crystal	Student worker	American Indian Student support services-
Roscetti	Ana	Workforce Section Manager	Arizona Department of Health Services
Russell	Beverly	Tribal Liaison	First Things First
Saenz	Ruben	Director of TRIO & HOOP Programs	South Mountain Community College
Scott	Cassandra	Maricopa Hoop of Learning Program Advisor	South Mountain Community College
Smith	Lorena	Education Director	Gila River Health Care
Soloff	Laurie	Evaluator	UofA College of Medicine- Outreach & Multicultural Affairs
Stem Dr.	Nichole	President -Elect	Assoc. of A I Physicians
Talkalai	Norman	Police Officer	Tonto Apache Police
Tarango	Patricia	Bureau Chief	Arizona Department of Health Services
Taylor	Patti	Program Manager	Greater Valley AHEC
Taylor	Vivian	MPH Intern	Greater Valley AHEC
Tonemah	David	Consultant Specialist	A I Health Management and Policy

Valenzuela	Alex	Health Educator	Regional Center for Border Health, Inc.
Villalobos	Yomahira	Administrative Associate	ASU/A I Students United for Nursing
Watson	Karina	Health and Life Skills Coordinator	Boys and Girls Club of Greater Scottsdale
White	Lei-Lani	Nurse Mentor	Arizona State University
White	Roselinda	Director, Strategic Planning Division, Navajo HR	Navajo Area IHS
Wilde	Richard	Superintendent	San Carlos Unified School District 20
Williams	Velda	Executive Director	SCAT Health and Human Service
Yazzie	Brian	Director, N A Services	Boys & Girls Club of Greater Scottsdale
Yabeny	Pam	Director, N A Early Outreach	Maricopa County Community College

## APPENDIX B: Pathways into Health Conference Agenda

### STATEWIDE ARIZONA AMERICAN INDIAN PATHWAYS INTO HEALTH CONFERENCE

*“Building a Firm Foundation for the Future of American Indian Health Care”*

Fort McDowell Radisson Resort

Fort McDowell Yavapai Nation

April 4-5, 2012

#### DAY ONE (April 4<sup>th</sup>)

7:30am	Continental Breakfast	
	MC	Alida Montiel, Health System analyst, Inter Tribal Council of Arizona, Inc.
8:15am	PLENARY SESSION ONE – CONFERENCE OVERVIEW	
	Posting of Colors:	Gila River American Legion Post 51
	Prayer:	Dr. George Blue Spruce, San Juan and Laguna Pueblos
	Welcome:	Honorable President Clinton Pattea, Fort McDowell Yavapai Nation
	Keynote Address:	Michael Allison, Native American Liaison, Arizona Department of Health Services (ADHS)
	Health Disparities: AHEC and You :	Dr. Ty Reidhead, CMO, Phoenix IHS Area Office Sally Reel, Director, Arizona Health Education Center (AHEC) Program, UA
10:00am	Break	
10:15am	PLENARY SESSION TWO – PATHWAYS FUNDAMENTALS	
	Pathways Model:	Lydia Hubbard-Pourier, Tribal Regional Behavioral Health Authority Contract Administrator, ADHS Division of Behavioral Health Services
	Pathways into Health Careers Panel	
	Panel Moderator:	Fred Hubbard, Executive Director, Advisory Council on Indian Health Care (ACOIHC)
	Panel Members:	
	Honorable Herman Honanie, Vice Chairman, Hopi Tribe	
	Velda Williams, Executive Director, Department of Department of Health & Human Services, San Carlos Apache Tribe (SCAT)	
	Dr. Nicole Stern, President-Elect, Association of American Indian Physicians	
	Travis Lane, Health Program Specialist, Inter Tribal Council of Arizona, Inc. (ITCA)	

12noon Hosted Lunch  
Guest Speaker: Dr. Blue Spruce, President Emeritus & Founder, Society of American Indian Dentists

1:00pm PLENARY SESSION THREE – LEARNING BY EXAMPLE

“The San Carlos Apache Tribe 5<sup>th</sup> Grade Pathways into Health Pilot Initiative”

Panel Moderator: Velda Williams, Executive Director, DH&HS, SCAT

Panel Members:

Roberta Patten, Health Education Coordinator, SCAT  
Richard Wilde, Superintendent, San Carlos School District  
Flora Howard, Education Director, SCAT  
Kameron Hanson, Research Technician, Arizona Cancer Center, UA

2:00pm PLENARY SESSION FOUR – PATHWAYS ROLES & RESPONSIBILITIES (PART ONE)

“The Role of Tribal and Community Agencies in Developing Health Professionals”

Panel Moderator: Brenda Redhouse, Program Coordinator, Native American  
Workforce Development, Southeastern AHEC,

Panel Members:

Charlene Hamilton, Executive Director, Division of Health Programs, White Mountain  
Apache Tribe  
Gregory Redhouse, Studies Instructor, Tohono O’odham Nation Community College  
Kenton Laffoon, Program Director, ITCA  
Roselinda White, Director, Strategic Planning Division, Navajo IHS Human Resources  
Region  
Carey Onsaie, Public Health Educator, Hopi Health Care Center

3:15pm Break

3:30pm PLENARY SESSION FIVE – PATHWAYS ROLES & RESPONSIBILITIES (PART TWO)

“The Role of AHECs and Post Secondary Institutions in Developing Tribal Health Professionals”

Panel Moderator: Sally Reel, AHEC Program Director

Panel Members:

Sean Clendaniel, Center Director, Northern Arizona AHEC  
Jeri Byrne, Center Director, Eastern Arizona AHEC  
Ellen Qwens-Summo, Center Director, Greater Valley AHEC  
Ines Pampara, Western Arizona AHEC  
Gail Emrick, Center Director, Southeast Arizona AHEC

4:45pm Wrap Up and Thoughts: AHEC Representative

5:00pm Adjournment:

5:30 – NETWORKING RECEPTION (outside Patio)  
7:30pm

Master of Ceremonies: Fred Hubbard, Director, ACOIHC

6pm: Remarks:

John Lewis, Director, ITCA, Inc.  
Honorable Albert Hale, Arizona State Representative  
Honorable Sally Ann Gonzales, Arizona State Representative

6:30pm Cultural Presentation and Entertainment – San Carlos Apache Dance Group (Arvis Dosela)

DAY TWO (April 5<sup>th</sup>)

7:30am Continental Breakfast

MC Alida Montiel, Health System Analyst, ITCA, Inc.

8:30am PLENARY SESSION SIX – REVIEW AND CHARGE FOR DAY TWO

Review and Thoughts for Today: Sean Clendaniel and Sally Reel, Arizona AHEC Program

9:00am PLENARY SESSION SEVEN – PIPELINE STUDENT DISCUSSION/RECOMMENDATIONS

Panel Co-Moderators: Beverly Russell, Tribal Liaison, First Things First  
Chase Velasquez, Pima Community College

Student Panel:

Cathy Thorton, First Things First Representative  
Brian Yazzie, Director of Native American Services, Boys & Girls Club of Greater Scottsdale  
Polimana Joshevama, Hopi 9<sup>th</sup> Grade Student  
Stephine Blanie Ballo, Southeastern AHEC Student Intern

10:30am Break

10:45am PLENARY SESSION EIGHT – PIPELINE FROM EDUCATION TO EMPLOYMENT

Panel Moderator:

Agnes Attakai, Director, Health Disparities Outreach & Prevention Education, Center for Rural Health, Mel and Enid Zuckerman College of Public Health, UA

Panel Members:

Pam Yabeny, Director of Native American Early Outreach, Maricopa County Community Colleges

Roselinda White, Director, Strategic Planning Division, Navajo IHS Human Resources Region

11:50am Closing Remarks

Fred Hubbard, Executive Director, ACOIHC

12:00noon

Relief of Colors  
Closing Prayer  
Adjournment

Gila River American Legion Post 51  
Harry Antone, Tribal Elder, Gila River Indian Community

## APPENDIX C: Conference Planning Committee Members

- **MICHAEL ALLISON, Planning Committee Co-Chair**, Native American Liaison, Arizona Department of Health Services
- **FRED HUBBARD, Planning Committee Co-Chair**, Director, Advisory Council on Indian Health Care
- **SEAN CLENDANIEL**, Director, Northern Arizona Area Health Education Center
- **LAVERNE DALLAS**, Director, Health Resource Department, Gila River Indian Community
- **JAMES TREE**, Health Education Manager, Health Resource Department, Gila River Indian Community
- **VELDA WILLIAMS**, Executive Director, Department of Health & Human Services, San Carlos Apache Tribe
- **ROBERTA PATTEN**, Health Education Coordinator, Department of Health & Human Services, San Carlos Apache Tribe
- **CHARLENE HAMILTON**, Executive Director, Health Authority, White Mountain Apache
- **MARILYN MASAYESVA**, Staff Assistant, Office of the Vice-Chairman, Hopi Tribe
- **LORI JOSHWESEOMA**, Director, Department of Health Services, Hopi Tribe
- **TRAVIS LANE**, Health Program Specialist, Inter Tribal Council of Arizona, Inc.
- **NELLA BEN**, CEO, San Carlos PHS Indian Hospital, Indian Health Service
- **LYDIA ENRIQUEZ**, Administrative Assistant, Advisory Council on Indian Health Care
- **LYDIA HUBBARD-POURIER**, TRBHA Contract Administrator, Arizona Department of Health Services
- **JENNIE NOTAH**, Associate Director, Office of Program and Evaluation, Navajo IHS Area Office
- **BEVERLY RUSSELL**, Tribal Liaison, First Things First
- **ELLEN OWENS-SUMMO**, Director, Greater Valley Area Health Education Center
- **JERI BYRNE**, Director, Eastern Arizona Area Health Education Center
- **TULY MEDINA**, Director, Western Arizona Area Health Education Center
- **BRENDA REDHOUSE**, Program Coordinator, Native American Health Workforce Development, Southeastern AHEC
- **STEPHINE BLAINE BALLO**, Intern, Southeastern AHEC
- **JOANN DI FILIPPO**, Program Development and Evaluation Specialist, Arizona AHEC Program, University of Arizona
- **AGNES ATTAKAI**, Director, Health Disparities Outreach & Prevention Education University of Arizona
- **LOURDES PAEZ**, SEARCH Coordinator Arizona Association of Community Health Centers
- **LINDA DON**, Assistant Dean, Student and Educational Affairs, College of Medicine University of Arizona

## APPENDIX D: EVALUATION FEEDBACK SUMMARY

Written Conference Evaluation forms were received from a total of 30 respondents. Respondents were asked to rate specific conference events on a scale from Very satisfied to Very Dissatisfied. Responses are indicated below. In general, by a relatively large margin, participants gave the conference high marks.

Conference Feedback	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Date of Conference	13	13	4	0	0
Convenience of Registration	23	6	1	0	0
Level of Publicity	3	10	10	7	0
Handouts	1	6	17	5	0
Quality of Presenters	10	17	3	0	0
Usefulness of Information	13	15	2	0	0
Conference Facility	23	5	2	0	0
Conference Location	18	10	1	1	0
Overall Conference Satisfaction	12	15	2	0	0

Conference participants were also asked how they had knowledge or were told of the conference, with responses indicating the following:

Knowledge of Conference	Save the date (email)	Colleague	Newspaper/other projects	Asked by supervisor	NAHEE partnership
	5	15	3	5	2

In addition, conference participants were asked how likely is it that they will attend a follow-up conference, with responses indicating the following:

Attend future conference	Very Likely	Likely	Neutral	Unlikely	Very Unlikely
	16	9	5	0	0

## Conference Evaluation Form

**Statewide Arizona American Indian Pathways into Health Conference**  
*“Building a Firm Foundation for the Future of American Indian Health Care”*  
April 4-5, 2012

### CONFERENCE EVALUATION

Your feedback on the Conference is appreciated. Thank you for attending!

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Date of conference	<input type="checkbox"/>				
Convenience of registration	<input type="checkbox"/>				
Level of publicity	<input type="checkbox"/>				
Handouts	<input type="checkbox"/>				
Quality of presenters	<input type="checkbox"/>				
Usefulness of information	<input type="checkbox"/>				
Conference facility	<input type="checkbox"/>				
Conference location	<input type="checkbox"/>				
Overall conference satisfaction	<input type="checkbox"/>				

How did you first learn about the Conference?

Save the Date e-mail

Colleague

Other (please specify) \_\_\_\_\_

!

Should follow up Conferences be held and if so how likely are you to attend?

Very likely    Likely    Neutral    Unlikely    Very Unlikely

What suggestions would you like to make for future Conferences (including topics)?

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What might be helpful follow-up from the Conference?

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Other comments:

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## Conference Survey Question Replies: “Suggestions for Future Conference”

- Too many speakers, maybe the targeted audience (students, people who benefit from mentioned programs should attend).
- Yes I think the conference should continue. A lot of bonds were created at this conference, which will lead to a lot of growth in this area for the tribes.
- Have power point handouts available in packets.
- Host needs to be on time, never give excuse they were busy at work! This part of work more importantly youth inspired meeting. Model it!
- Limit some speakers or comments on time. Or set up small breakout sessions, where they can talk about their specific programs, etc.
- Ice breakers for getting to know others and networking.
- Student panels that are pursuing a medical career. Cultural concepts for motivating, support of returning back to serve the people.
- Facility logistic – add a ramp request to access the state area for the elders.
- Include a local tour of an Indian health facility (i.e. Wassaja).
- Provide an overview of purpose of conference at the beginning of the program.
- Breakout sessions, topics that include how adults could continue their education in the health fields need to be included – they are easier to reach out too for invites.
- Breakout sessions.
- More time for speakers and also questions.
- Breakout sessions and more prevention programs for chronic disease from Tribes all over Arizona.
- Not too long.
- More contact information on the panelist and speakers (bios also).
- Show actual partnerships and how they work.
- Start strategic planning on how we can implement a system of partnerships to tackle healthcare industry jobs for Indian Country.
- Behavioral health – bullying.
- Include recent graduates or invite students pursuing health related fields to attend conference – success stories.
- Get all 3 universities and some of the community colleges and more technical schools to come and speak about programs for N. A.
- Invite more tribal school districts to attend
- Need more hands on activities and less speakers/panels.
- Presenters for the panel get together prior to presenting to be in sync and maybe even practice to ensure time limit is sufficient.
- Involve more youth to present and participate.
- Exhibits for resources that are available for the youth.
- Breakout sessions with a hands-on learning opportunity for program replication.
- Agenda be completed and all individuals on agendas are notified and confirmed ahead.
- Really would like to see more students involved with conference.
- Math and science curriculum for Arizona students – how can we raise the standard.
- At least one day of the conference should include community members from all Tribes to be invited to hear and provide input/suggestions to what they feel is needed in their communities.
- Have next conference in a Tribal community that is not located in a big city.

- Include behavioral health related service.
- Small group breakout sessions for sharing.
- Open the conference up to students – have a student day/session – be good to get student input.
- If possible middle school/high school/college – with some separate sessions o emphasize the importance of healthcare jobs and importance of lab sciences/math courses and healthcare jobs. Job shadow experience, mentors from conference participants.
- Setup a mentor program.
- Hands on experiences workshop/labs for students.
- This conference MUST continue so our Tribal communities are saturated with the knowledge of resources available and to see/hear what works and what is available.
- Invite more youth; junior high, high school, college students to show them that there are opportunities there and that they have support.
- Strategic plan development w AHECs. IHS, State and Tribal Health Depts, etc. as mentioned by Lydia Hubbard-Pourier and Velda Williams.
- More younger students on the panel and more Tribal leader involvement.
- Provide slides from presentation.
- Centralize location works well (Ft. McDowell great location)
- Breakout sessions for small group discussion.
- More vendors/exhibitors with program information.
- More focus on parental involvement – need more parents to attend the conference so they can learn about resources for their children.

### **Conference Survey Question Replies: “What Might Be Helpful Follow-up from Conference”**

- Update on programs.
- The power point presentation.
- The website availability.
- Provide conference evaluation result summary
- Youth interest and information.
- Contact information on programs that were represented at conference.
- The San Carlos project.
- IHS Human Services – retention, application processing, advancement and level of interest.
- Email communication for participants, including establishing a participant directory (address/email).
- Did anyone capture the comments for action. Is there an action plan?
- Contact attendees on continuing conference (what we liked and didn’t like).
- Mid-Conference.
- Directory of all panelist and programs available in Arizona.
- Move to different areas of the state.
- Notes (power point presentations) from all presenters
- Utilize the organization represented to develop a resource document for others to have.
- Participant list sent out to attendees.
- Action planning.

- Identifying in work groups with resources in designated service areas for each tribe.
- Update on conference notes and to receive all panelist email so we can building partnerships and also share more information regarding our programs.
- Invite elderly from tribe – what are their concerns/ideas and importance of traditional and cultural awareness for future generations in healthcare & in education.
- Email names of presenters with their associated agencies they represent to the attendees.
- Start up the strategic planning workgroup.
- AHEC should have an Indian Advisory Council to give them guidance.
- Summary of suggested next steps and planning for new continued activity.
- To build a website for the Arizona AIPHI Constituents – to highlight Arizona tribes, Arizona Tribal Health and contacts for each Department Mentorship program for students.
- A tribal consultation meeting with Tribal leaders, health directors and education directors with AHEC to further discuss resources to tribes directly.
- Full contact list of all panel presenters and their program description.
- Email, newsletter, web information.
- Breakout sessions longer than one day and half.
- Programs or some data showing outcomes from conference (partnership development, students enrolled in programs, increase in Native providers, etc.)
- Online email presentation information documents – attendee and presenter contact information should be available for networking and partnership development.
- Contact list from those in attendance so we can duplicate efforts by people like those in San Carlos, in our own tribes.

### **Other Conference Comments:**

- I really enjoyed the conference. Thank you.
- Great day!
- Maybe have one specific panel just from students of more fields that are still health related. We need to know what they feel and think. This was my favorite part of day 2.
- Add school advisors from colleges/university.
- What about disability workers.
- Thank you for providing a continental breakfast and lunch and reception.
- Excellent conference which needs to be brought to every Tribe!
- Maybe 2 days (full).
- Great conference!
- Reception was wonderful!
- I this is a good start.
- Bullying and gangs are significant barriers within the schools that effect the motivation and attendance at school as well as the mental and physical health of our students.
- Creating partnerships to increase graduation rates and levels of training and decreasing these barriers will benefit the schools and community.
- Very informative.
- Some information as repetitive.
- Too many speakers on some panels.
- Power points were BORING!

- Need more variety in the way speakers present – focus more on group activities.
- Provide TA to duplicate conference within the reservations.
- Have the resource booth close by.
- Thank you!
- I enjoyed the conference and resources shared. Thank you!
- This was a wonderful conference – panels were very informative!
- Great and thanks again to AHEC.
- Enjoyed! Thank you!
- Good conference.
- Thank you for the opportunity.
- No registration is great with AHEC.
- Create statewide/tribal network of programs for youth in health career programs.
- Great conference! Thanks for the invitation to share our programs.
- Have a timer for speakers, some were long and took time from other panel members.
- Great conference! Thank you planning committee and great idea who had this vision. Look forward to next conference.
- Sweet! My prayer for native youths!
- Thank you for food and no registration fee was great also.
- Binder of information great.
- More student and parent panels.
- I am disappointed with the poor attendance by Tribal leaders, specifically Tribal chairs.