A Partnership Between the Center of American Indian and Minority Health and the Masonic Cancer Center to Improve Health Outcomes in Indian Country: A novel Approach to Community- Building Across Cultures

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Objectives

1. Recognize the difficulty in retaining diverse faculty and staff in a predominantly White institution.

2. Understand the long-standing American Indian and Alaska Native mistrust of academic institutions and research in their communities.

3. Reflect on consultation and collaboration as tools for broad solutions to long-standing problems.

Strengths Based Research

Statement of problem

1. High levels of disparities in historically-marginalized communities

2. Mistrust

Why does the mistrust exist—why do you need diverse staff and faculty: Let's look at Indian country

1. Lack of knowledge about who we are and what is important to American Indians and Alaska Natives
    a. Impact of historical policies—relocation, allotment, ICWA
    b. Typical practices—"walking on uneven ground" including but not limited to treatment of elders, never interrupting, humility, humor/teasing, food, roles of aunties and uncles

Mistrust cont.

2. History of research and academia “missteps” in Indian Country
    a. Unethical research and medical practices:
        - Barrow and harm through perpetuation of stereotypes and one-sided views
        - Havasupai and lack of permission
        - Research for the sake of research/publication without prioritization of Native community needs
        - Harm from sensitive focus groups/interviews without follow-up services for participants
        - Sterilization without consent: Ama
        - Research that contradicts AI/AN creation beliefs
    b. Lack of consultation with Tribes
        - Wild rice
        - Museum holding bodies and funerary objects

Solution:

Hire from the communities you’re serving

However:

Table 3. Cox Proportional Hazard Model Results With Interaction Between Gender and Decade (10 Years' Follow-Up), Including Degree Type and Race[a]

Variable	Leaving academia (No. of events)	Median retention (95% CI)	HR (95% CI)
Degree type			
MD only (n = 258 111)	122 779	8.60 (8.50-8.74)	1 [Reference]
MD and PhD (n = 25 371)	10 228	DNE	0.73 (0.71-0.74)
PhD only (n = 87 147)	39 735	9.67 (9.50-9.83)	0.85 (0.84-0.86)
Other degree (n = 17 456)	9553	6.50 (6.34-6.72)	1.16 (1.13-1.18)
Gender			
1970s			
Women (n = 2255)	1297	7.17 (6.75-8.00)	1.20 (1.13-1.28)
Men (n = 9434)	4680	DNE (9.83-DNE)	1 [Reference]
1980s			
Women (n = 15 009)	8237	8.41 (8.00-8.66)	1.07 (1.05-1.10)
Men (n = 39 608)	20 326	9.50 (9.33-9.75)	1 [Reference]
1990s			
Women (n = 25 587)	13 477	9.25 (9.00-9.42)	1.05 (1.03-1.07)
Men (n = 46 789)	23 445	10.00 (9.92-DNE)	1 [Reference]
2000s			
Women (n = 44 496)	24 748	8.17 (8.04-8.35)	1.09 (1.07-1.11)
Men (n = 60 982)	31 537	9.50 (9.33-9.62)	1 [Reference}
2010s			
Women (n = 69 219)	26 249	7.83 (7.74-7.92)	1.01 (0.99-1.03)
Men (n = 74 706)	28 299	8.08 (8.00-8.25)	1 [Reference]
Race and ethnicity			
American Indian, Alaska Native, Native Hawaiian, or Pacific Islander (n = 1183)	694	6.00 (5.62-6.62)	1.49 (1.39-1.61)
Asian (n = 71 840)	34 131	8.00 (8.00-8.10)	1.18 (1.17-1.19)
Black (n = 14 804)	7331	7.77 (7.50-8.00)	1.16 (1.13-1.19)
Hispanic, Latino, of Spanish origin, or multirace Hispanic (n = 20 168)	9144	9.00 (8.75-9.14)	1.05 (1.03-1.08)
White (n = 250 265)	113 721	9.91 (9.83-9.92)	1 [Reference]
Other (n = 29 825)[b]	17 274	5.42 (5.33-5.53)	1.61 (1.58-1.63)

Abbreviations: DNE, does not exist; HR, hazard ratio.

[a] Observations that started in 2020s or later were excluded as follow-up was less than 2 years, resulting in 388 085 observations. Because follow-up time was restricted to 10 years, medians are not displayed for groups with median retention longer than 10 years.

[b] Other includes unknown, other, or non-Hispanic multiracial.

Scheumann TS, et. al. JAMA 2024.

Why do these hires often fail?

1. Lack of a connection and understanding in predominantly white spaces
    - Increased likelihood of microaggressions
    - No one to talk through mistreatments–leads to self-doubt *Did it happen and am I just being over-sensitive?*
    - Little power with no one else to join you in raising an issue
    - Minority tax
    - Expectation for “code switching” in a changing world. “You are in academia and these are the expectations”
    - Ignorance about the history of this country and its peoples, eg., asked to give talks on “everything”

Failed Hires cont.

2. Lack of recognition and acknowledgement of expertise of staff or faculty
   - “Turf” challenges, when we share what we know about our communities and how to fix a problem, we might be ignored and/or assumed to not understand the complexities of an issue
   - Short cuts by hiring a Native—granted entry to our communities
   - “Tokenism”
   - Devaluing of lived experiences, cultural expertise, and community involvement
3. Lack of understanding of the impacts of disparities in Indian Country
   - Capacity
   - Real life numbers—constant loss
4. Lack of true appreciation for the power and importance of relationships in Indian Country
   - Tlingit in Ojibwe country v. Daanis getting a resolution in a week
   - Jackie Dionne factor (tried and true—trusted)

Another solution:

Station faculty/staff in a culturally congruent, supportive, and responsive office.

Program Model: Center of American Indian and Minority Health and Masonic Cancer Center Training Navigation

Goal: Increase American Indian/Alaska Native (AI/AN) representation in cancer research and health-related fields

Objectives:

1. Hire and retain an AI/AN research training navigator who has connections to Minnesota Tribes.

2. Guide and support the training navigator as they develop a plan to increase AI/AN representation in cancer research and health related fields.

Year 1 Training Navigation

Aim A: Grow culturally inclusive strategies in practices, while sustaining relationships with Tribal communities

- Relationship building: The American Indian / Alaska Native Training Navigator (AI/AN TN) will develop and sustain relationships with Native urban communities and stakeholders.
- Connect to pathway training programs: The AI/AN TN will connect Native urban people to potential cancer-training programs and advise MCC labs, staff, and members on strategies to welcome Native communities.

Aim B: Increase American Indian / Alaska Native health outcomes

- Advise and coordinate educational outreach activities to urban Native communities by working with stakeholders from Masonic Cancer Center (MCC) and the Center for American Indian and Minority Health (CAIMH) to promote culturally relevant and responsive engagement with Native communities.
- Work with collaborators to document and identify key initiatives to share and expand with other networks across Minnesota, in the geographic region, and nationally, particular to engaging with Native American communities.

Outcomes

- **Increased AI/AN Representation:** In cancer research, healthcare professions, and graduate programs
- **Enhanced Career Development:** Improved academic success, career readiness, and leadership skills among AI/AN students and professionals
- **Stronger Community Partnerships:** Sustainable collaborations with AI/AN communities and organizations
- **Culturally Relevant Resources:** Development and dissemination of resources that address the specific needs of AI/AN communities
- **Increased Research Capacity:** Greater participation of AI/AN researchers in cancer and health-related research and health professions
- **Support Towards Research Inclusion Diversity & Equity (STRIDE):** Advancing cancer careers through skills, and grants

Training Navigation Strategies: It's always about the relationships

Establish Partnerships: Collaborate with community organizations (AICAF, PIE, AIHEC, etc.) and university departments to leverage resources and expand reach

Identify Needs: Conduct gap analyses and needs assessments to understand the barriers and challenges faced by AI/AN students and investigators/professionals

Develop Resources: Create culturally relevant and accessible resources to support career development and educational pathways in cancer research and health professions

Community Engagement: Participate in community events and conferences to increase awareness, build relationships, and recruit AI/AN students and professionals

Mentorship & Support: Provide individualized mentorship, consultation and cultural support to AI/AN students, faculty, and staff

Inter-departmental Collaboration: Foster relationships across departmental leadership to increase reach and impact (MCC, School of Nursing, College of Veterinary Medicine, Circle of Indigenous Nations (COIN), Graduate School Diversity Office)

Create Inclusive Spaces: Foster a welcoming and supportive environment where AI/AN individuals feel safe and empowered to pursue their career goals

Match Making & Facilitating Connections: Create a comprehensive support system for AI/AN individuals in the health professions interested in cancer research by connecting individuals to research opportunities and faculty doing related research

Funding Navigation: Includes practical application opportunities such as non-federal research and funding opportunities, creating a biosketch, and grant writing tips

Culturally Grounded Technical Assistance and Training: Provided for non-Native partners when working with AI/AN communities

Key Accomplishment Summary

Key accomplishments include launching the STRIDE program and its website, submitting grant proposals with partners and stakeholders, creating culturally responsive spaces for AI/AN individuals to feel safe and welcomed including the CAIMH space on the Twin Cities Campus and the Indigenous Health Professions (IHPA) events. Growing relationships with internal and external partners is also a key accomplishment. Partners include:

- Indigenous Health Professions Alliance (IHPA)
- The Graduate Schools Community of Scholars Program (COSP)
- Circle of Indigenous Nations (COIN)
- American Indian Higher Education Consortium (AIHEC)
- American Indian Cancer Foundation (AICAF)
- Philips Indian Educators (PIE)
- Program in Health Disparities Research (PHDR + M-ASCEND)
- Minneapolis Public Schools (MPS)

Lessons Learned and Taught

Communication: Regularly timed and open communication is critical

- Builds trusting and lasting relationships among AI/AN staff, students, and faculty and across departments
- Ensures that everyone is informed about opportunities, activities and program goals
- Avoids the frustration volcano

Collaboration: Everything is connected (cancer, opioids, sdoh)

- Leverages resources and grows networks
- Creates more opportunities for AI/AN individuals
- Increases contacts and thereby by-in with AI/AN communities

Integration: Combining career development, cultural support, community, networking opportunities, and funding navigation creates a comprehensive approach that addresses the needs of AI/AN students, faculty, and staff

Welcoming, Belonging, and Inclusivity: Fostering a welcoming and inclusive environment is crucial to attracting and retaining AI/AN individuals in training navigation. Creating a supportive atmosphere where AI/AN people are safe and encouraged to pursue their academic and career goals is essential

Follow-through: Showing up, completing tasks, honoring commitments, and continuing to show up builds trust, reliability, and rapport and is critical to getting buy in from marginalized communities and individuals

Conclusions

A critical tool to reducing health disparities is through engagement of the affected communities.

Engaging historically marginalized communities is likely to be most effective and successful when led by someone with long-standing relationships within them.

Recruiting and retaining faculty or staff is likely to be successful when he/she/they work in an environment that is culturally congruent, supportive, and responsive.