WEBVTT

1
00:00:00.080 --> 00:00:01.380
Dean's Lecture Series: Morning. Everyone

2
00:00:02.290 --> 00:00:13.190
Dean's Lecture Series: we are. Gonna wait about a minute or so while folks are trickling into our session. But if you take a moment to complete the poll. That is that has that has been open. We would appreciate it.

3
00:00:50.420 --> 00:01:15.190
Dean's Lecture Series: I think we'll get started. I'm happy to have you all here. Good morning, everyone. Welcome to another installment of the Dean's lecture series. I am Matt Amundsen. I'm a learning development manager for the office of Diversity, equity and inclusion. This session is being recorded. It will be shared out within 2 days to all who registered for this event. Otherwise recording can be found under the education and training tab of the Odei website

4
00:01:15.250 --> 00:01:33.969
Dean's Lecture Series: live transcription is enabled. But please note that the live transcript is not perfect, as it is an auto transcript, but we invite you to take care of yourself as necessary during today's session as we will not be taking a break, and any feedback or issues with accessibility. Please send us an email at Dls dash Odei at Umnedu.

5
00:01:33.970 --> 00:01:55.710
Dean's Lecture Series: We ask that participants please use a Q&A function zoom function instead of the chat in order to ask questions of our presenters. We will do our best to respond to all questions, but please understand that we are working within a set window of time, so should we not get to your question, we will work with the presenters to get any unanswered questions posted on our Dean's Lecture series, Web Page in the next couple of weeks

6
00:01:55.770 --> 00:02:09.780
Dean's Lecture Series: and then paste in the chat. You'll see links to the Dean's lecture series website, the slides to our presenters lecture and the Dean's Lecture Series email address. And without further ado I will turn it over to Dr. Nunez to introduce today's Guest lecturers.

7
00:02:12.400 --> 00:02:13.487
Ana Nunez MD: Good morning, everybody.

8
00:02:14.617 --> 00:02:23.129
Ana Nunez MD: I think we're having another spring like day before it gets cold again. But at least it's sunshine. Delighted to have you all join us here.

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00:02:23.260 --> 00:02:41.449

Ana Nunez MD: important in terms of these sort of challenging times that we, you know, sort of lean back, both in terms of our values and mission and sort of what matters. And so it's wonderful to have an opportunity to talk about this wonderful partnership that's really focused on our values and our missions about sort of working together in terms of care.

10
00:02:41.630 --> 00:02:54.630
Ana Nunez MD: So I have the opportunity to introduce, and many of you sort of know, and have known our wonderful Dr. Mary Owen. She's a member of the Occoquan tribe of the Tungic people. She's the associate dean of Native American Health. Here at our spent school

11
00:02:54.630 --> 00:03:18.770
Ana Nunez MD: since 2014. She was the director for the Center for American Indian Minority Health. She's also had leadership positions in multiple spaces, including the Association for American Indian physicians as the President from 20 to 2022, and worked on sort of multi-institutional efforts to raise the bar in terms of sort of education and curriculum and pathways for American, Indian, Alaskan native students through the Us.

12
00:03:18.770 --> 00:03:27.889
Ana Nunez MD: Through the iheel program, as well as a number of others, and continues to sort of be a resource for clinical care. At the center for American Indian resources. In Duluth.

13
00:03:27.920 --> 00:03:53.640
Ana Nunez MD: Joining her is Dr. Rahel Gabre, Professor of Department of obstetrics and gynecology division of Gyne, Onc. Here at the Med School, she's the Associate director for Diversity equity inclusion at the Cancer Center, Sonic cancer Center. She leads that center to enhance cancer research workforce development, striving for a team that reflects national representation and the diverse populations. They serve. Her work aligns with the center to reduce the cancer burden in Minnesota, and beyond

14
00:03:54.310 --> 00:04:18.099
Ana Nunez MD: joining her is Amanda Dion, a member of the Northern Cheyenne tribe, and the Turtle Mountain band of Chippewa Indians. She's graduated from Augsburg University in 2011, with a degree in business management and business economics, completing 2 years at Americorps. Throughout her career Amanda served in various roles in native communities and community development, public health, tribal policy, community outreach.

15
00:04:18.100 --> 00:04:41.370
Ana Nunez MD: K-twelve and student support. And she's now at the Med School, the role of assistant director for the Center for American Indian and Minority Health and leading up the bunch here in terms of sort of finishing out this terrific team is Donna Chosa. She is the Kiweenaw Bay Indian community in Michigan is where she's from, and she's enrolled in the Boys Ford band of Chippewa in Minnesota.

16
00:04:41.370 --> 00:05:04.509
Ana Nunez MD: She's the American Indian and Alaska Native Training navigator at the Center for American Indian and Minority Health as a partnership with Masonic Cancer Center. Some of the

cool stuff we're going to hear today. She recently completed her bachelor's in leadership at Augsburg University and has been accepted into Umn's Department of Organizational Leadership policy development, higher education. Phd program congratulations to us.

17
00:05:04.650 --> 00:05:28.370
Ana Nunez MD: Her role is to recruit and engage American Indian Alaska native students in the health professions, workforce development and research opportunities. So they're going to share with us. What was the secret sauce in terms of the partnership between the Center for American Indian Minority Health and the cancer center in terms of improving health outcomes in Indian country, and the novel approach to do so. So I'll turn it over to Dr. Owen.

18
00:05:28.910 --> 00:05:29.620
Ana Nunez MD: Welcome.

19
00:05:29.900 --> 00:05:38.000
Mary Owen: Dr. Nunez. Let me see if we can share the screen. What I forgot to check on when I shared the screen is

20
00:05:38.180 --> 00:05:40.300
Mary Owen: there we go. This will work.

21
00:05:40.560 --> 00:05:43.720
Mary Owen: I have 2 screens, so I always forget the that factor.

22
00:05:45.380 --> 00:05:51.440
Mary Owen: Alright. Are you all seeing the big slide? Or are you seeing? Okay, that's right. Good.

23
00:05:52.080 --> 00:06:11.360
Mary Owen: Thank you all for joining us today. We're excited to talk to you more about this approach that we've developed just in the last few years or a couple of years. Now that's working pretty well. You've already heard about who we all are, so I will just move on. We're going to have plenty of time at the end for questions. As Matt mentioned.

24
00:06:13.070 --> 00:06:38.039
Mary Owen: so objectives today, this presentation today is much more, is less of. There's not as much background in the literature on what we're talking about today. It's mostly experiential from our own experiences at the center. And for that reason it's also going to be more shared. Discussion points. So my colleagues are going to join in on a couple of points.

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00:06:38.160 --> 00:06:54.450
Mary Owen: as you'll see, I think, for the background here. Most of you have heard our talks before, and you understand already some of the mistrust that exists in our communities. We're going to go a little bit more into depth in that, and then talk about the benefits of the program that we came up with.

26
00:06:54.450 --> 00:07:08.810
Mary Owen: Some of you are already aware, maybe not, that in a lot of diverse communities, and particularly historically marginalized communities. We get tired of hearing about their weaknesses, our deficits, and are wanting to hear more about the strengths that we come with.

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00:07:09.247 --> 00:07:16.430
Mary Owen: You know, and for native communities that might be 10,000, it is 10,000 years of background of knowing how to care for ourselves

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00:07:16.810 --> 00:07:26.620
Mary Owen: in our community. So we want more research that reflects that this is a picture from Michelle, Dr. Michelle Allen's grant, the C. 2 dream

29
00:07:26.660 --> 00:07:50.590
Mary Owen: project, and it. This particular part of her project focuses on the strengths bringing strengths. If you, if you involve native students in their culture and their their cultural sports in this case, and then also foods any of their traditions. You're going to get better educational outcomes. So this is a photograph in Duluth for the 1st time we had a gathering around students and

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00:07:50.650 --> 00:07:58.730
Mary Owen: community members coming together to learn lacrosse. This effort has grown tremendously, and

31
00:07:59.690 --> 00:08:03.340
Mary Owen: I don't know we're we're yet to see the outcomes. It's pretty exciting research, though.

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00:08:04.300 --> 00:08:20.000
Mary Owen: So the reason that we're doing this work the reason that Dr. Gabre came and and I came together around this work was the problem of increased. You know that that all of us are doing this community research for right? There's higher disparities in historically marginalized communities. And

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00:08:20.230 --> 00:08:24.539
Mary Owen: there, there's a great deal of mistrust. So let's talk a little bit about some of that. Mistrust.

34
00:08:26.000 --> 00:08:28.700
Mary Owen: Is Dr. Gabre still with us. Yeah, there she is, good

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00:08:30.070 --> 00:08:37.360
Mary Owen: Dr. Gabre is on call, so she may leave us at some point, so I'm keeping my eye on her to know if I need to cover her slide.

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00:08:38.690 --> 00:08:45.099
Mary Owen: So why does the mistrust exist? Why do you need diverse staff and faculty? We're just going to look at Indian country. As an example.

37
00:08:46.090 --> 00:09:03.510
Mary Owen: there's a lack of knowledge about who we are as native people, and what's important to us, I'll give you some examples, and this is where my colleagues might jump in if I'm not getting them all, or if they have something to add to it, there's the impact of a good example of lack of knowledge is the impact of historical policies.

38
00:09:03.620 --> 00:09:26.200
Mary Owen: People don't understand. Oftentimes people not from our community don't understand that a significant portion of our communities were. Reservations were relocated from our reservation land, which isn't our traditional land, by the way, but the land that we were given from the treaties to urban settings, so much so that over 70% of our community now lives in urban settings

39
00:09:26.700 --> 00:09:42.730
Mary Owen: even deeper. What people don't understand is that although our folks often our folks live in urban settings. There's a common road back and forth between reservation lands and urban settings. So, even though, you know, while I work at Fond du Lac.

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00:09:42.730 --> 00:09:58.870
Mary Owen: so I often see patients who come up to Fond du Lac, who live normally, or most of their lives in the city, but they get their care at Fond du Lac, so there's lots of back and forth. People go back for their traditional to practice in their traditional ceremonies, to see family to gather foods.

41
00:09:58.870 --> 00:10:26.700
Mary Owen: Whatnot. But that's something that we know, being from that community, that others are not always aware of allotment. If you're not aware of the history in Minnesota, you might not be aware that a significant portion of white earth was broken up and sold off. White Earth Reservation was sold off to non natives, so that land, the reservation land is a mix of native and non-native. And it's important, when you serve that community, to know that to know who's living around you and who's getting served.

42
00:10:27.380 --> 00:10:49.009
Mary Owen: Icwa was not a historical policy. It was response to historical acts of taking our children from us, allowing our children to be adopted out, fostered out at far, far greater rates, and, in fact, they still are. Icwa helps us prevent our children being lost from our communities by making sure that they go 1st to families, from our communities.

43
00:10:49.430 --> 00:10:54.479
Mary Owen: relatives and then families. In the communities. Indian Child Welfare Act is what Icwa stands for

44
00:10:55.070 --> 00:11:02.250
Mary Owen: typical practices. This is another reason mistrust exists is because if you're not from that community, you might be

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00:11:02.440 --> 00:11:20.900
Mary Owen: what I call walking on uneven ground. I did my residency at North Memorial, where I got to serve Hmong population and African American population, and sometimes I felt like I didn't know White where the next step was going to come. That's what I mean by walking on an even ground, because it wasn't my background.

46
00:11:20.900 --> 00:11:39.979
Mary Owen: I didn't know it as well, I need to take a little bit more time to learn that community, those communities. So for our community, it can be treatment of elders. And if you go to any native event. Elders are always respected. Put up front. They're the 1st ones served. Not only that, but people go get them food. They don't have to go get it themselves.

47
00:11:40.110 --> 00:11:53.700
Mary Owen: You never interrupt people in our community. It's very unlike the meetings that we commonly have in university settings, academic settings where someone might even gently interrupt. That just doesn't happen in our communities. It's it's

48
00:11:54.380 --> 00:12:00.469
Mary Owen: a faux pas humility, humor, and teasing. I get this. I encountered this

49
00:12:01.110 --> 00:12:18.810
Mary Owen: a lot in non native settings where people are uncomfortable with the teasing. But that's part of remaining humble in our community. In most of our native communities. Again. I'm generalizing, but I have seen this across the board, and my colleagues can step in and share some thoughts as well. But

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00:12:19.310 --> 00:12:28.679
Mary Owen: again, if you are teased, or someone seems to be making a poking fun at you. It's just part of who we are. Most of the time

51
00:12:28.950 --> 00:12:53.479
Mary Owen: food. We all have our own different foods, and if you're from the community, you know what those foods are, and then the roles. Another example is roles of aunties and uncles for us. Aunties and uncles are the people that you learn oftentimes that you learn from. They add to the knowledge that you get from your parents. Sometimes in some communities they raise you more than your own in my own tlingit community. It's the uncles who raise the sons

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00:12:53.740 --> 00:12:58.020

Mary Owen: not so much anymore. That's more of a traditional role, but they still play an important role.

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00:12:58.310 --> 00:13:01.419
Mary Owen: Donnis or Amanda. Do you have anything to add to these?

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00:13:04.570 --> 00:13:05.840
Mary Owen: No worries, if not.

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00:13:07.540 --> 00:13:16.549
Amanda Dionne: I would also add that our institutions, governments, and bureaucracies, have had

56
00:13:16.810 --> 00:13:24.410
Amanda Dionne: key roles in the mistrust and impact of the historical policies. And so

57
00:13:24.935 --> 00:13:35.140
Amanda Dionne: there is an inherent mistrust with institutions, and why? It's so critical that we get more of those that we're serving within our institutions.

58
00:13:37.660 --> 00:13:41.610
Mary Owen: Be honest, I don't see you moving forward. You're taking coffee. So we're okay there. Okay.

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00:13:42.000 --> 00:13:56.680
Mary Owen: history of mistrust, continued history of research and academia missteps in Indian country. I think most of you are aware of a lot of these unethical research and medical practices because of the talks we've given in the past, so I won't

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00:13:57.152 --> 00:14:03.849
Mary Owen: stick. I won't talk too much about them. But Barrow was a research on alcoholism in Barrow. Done.

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00:14:04.460 --> 00:14:32.550
Mary Owen: Oh, I can't remember, was the sixties or seventies now, but it was through perspective of the white researchers, with no involvement of barrow folks to talk about how they addressed alcoholism, and there was an assumption on the part of the white researchers that if the barrow, if the native people from Barrow didn't adhere to the treatment protocols that were recommended by the people who were doing the studies, including going to church. Then it was a weakness on their part, so

62
00:14:32.550 --> 00:14:47.470

Mary Owen: perpetuated stereotypes and one-sided views came out of this research that did terrible harm to native communities throughout the nation by that perpetuation of stereotypes. Havasupai is, when research was done with the Havasupai

63
00:14:48.030 --> 00:14:56.589
Mary Owen: community, and the blood was taken from that research and used for other research without the permission of the Havasupai

64
00:14:57.500 --> 00:15:09.489
Mary Owen: research. For the sake of research. We're all well aware that sometimes the pressure to publish or get in grants applications, puts

65
00:15:09.830 --> 00:15:12.250
Mary Owen: tremendous strain, and might

66
00:15:13.060 --> 00:15:19.390
Mary Owen: encourage people not to act in their best interest and not prioritize the community that they're serving

67
00:15:20.020 --> 00:15:41.259
Mary Owen: harm from sensitive groups. I have heard this in Minnesota in the past. I don't know if this still happens to the same extent, but it has the repercussions from the past. The repercussions are still there from harm done in the past, where researchers would go in and ask about things that might have caused historical trauma or abuse, or other terrible things, and they didn't necessarily follow up with the participants and offer

68
00:15:41.985 --> 00:15:46.560
Mary Owen: counseling or ways for people the participants to get through that

69
00:15:46.700 --> 00:15:59.429
Mary Owen: sterilizing without sterilization, without consent. There's an incredible film called Ama. I don't have the apostrophe in there that talks about the sterilization that was done by the Indian Health Service on native people through the seventies.

70
00:16:00.080 --> 00:16:17.759
Mary Owen: And unfortunately, not everybody is aware of this, I had a medical student contact me, and just in the last year that said that one of their professors was doubting this, and wanted to have proof of it, and I'll just remind you that it's not the burden of proof doesn't have to come from the medical student. It has to come from the professor, looking it up. If you're concerned about it, look it up.

71
00:16:18.270 --> 00:16:42.529
Mary Owen: Research that contradicts American, Indian Alaska native creation beliefs. This comes most commonly in the creation beliefs that I have seen Amanda. You may have seen something

else in doubting our in store. The research that shows that we cross the Bering Strait. A lot of tribes don't. Tribal nations don't have that story. They have different creation beliefs. So when you create research that contradicts who

72
00:16:42.630 --> 00:16:48.960
Mary Owen: we know we came from. Then you're causing mistrust and angst in the community.

73
00:16:49.080 --> 00:17:08.729
Mary Owen: and then lack of consultation with tribes. These are no longer happy. This has been these are being repaired. The wild rice research done by the University of Minnesota and the Museum here holding bodies and funerary objects. Those are being addressed now. But again, the impact from the historical actions continues to affect us.

74
00:17:08.970 --> 00:17:11.049
Mary Owen: Amanda Donnis. Anything to add?

75
00:17:14.510 --> 00:17:15.359
Mary Owen: Nope.

76
00:17:15.369 --> 00:17:42.099
Amanda Dionne: The last bullet point or the last point of lack of consultation with tribes. I've also seen where researchers or investigators are approaching tribes with the research study. After the research questions established, the methods, the protocols and the tribe had no prior input into what the research study would be, or if they were even interested. And so this also perpetuates mistrust with native people in that

77
00:17:42.099 --> 00:17:55.779
Amanda Dionne: they weren't even considered until a research study is ready to go. And then we'll talk a little bit more about when those instances happen, and the additional burden on our communities that it creates.

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00:17:57.440 --> 00:17:58.450
Mary Owen: Thanks, Amanda.

79
00:18:00.580 --> 00:18:10.849
Mary Owen: So one solution, then, would be to we all know this hire from the communities that you're serving, and, in fact, that's been tried many times. However, Dr. Gabre, we got you.

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00:18:11.530 --> 00:18:13.800
Rahel G Ghebre: Yeah, good morning, everyone.

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00:18:14.410 --> 00:18:26.130

Rahel G Ghebre: I just wanted to add to what Dr. Owen and Amanda Adonis are really representing, which is their willingness to partner with the Masonic Cancer Center, and of course, with

82
00:18:26.370 --> 00:18:37.120
Rahel G Ghebre: with me and Heidi Eichenbacher, who is also the other program specialist who who leads the initiative within the cancer center.

83
00:18:37.430 --> 00:18:41.358
Rahel G Ghebre: And I say that because it really is

84
00:18:41.950 --> 00:19:04.899
Rahel G Ghebre: it is a generosity that they're offering their experience, their leadership within the community to partner with us to advance. What are the priorities for them and their community so collaboratively setting the goals is important. What is also integral is that we do want more American Indian native

85
00:19:05.300 --> 00:19:34.069
Rahel G Ghebre: students, graduate students, researchers. We want oncologists, basically at every step. We want to have a broader representation. Historically, the data says that we have not done that. Well. So this is a summary of a paper that was published in 2024. I know there's lots of information there. I just wanted to pull out that table and share with you data, because many of us are scientists and very much data driven.

86
00:19:34.140 --> 00:19:55.750
Rahel G Ghebre: So what this represents is 155 medical school data, and it comes from our Premier American College of Sorry Association of American Medical Colleges, and it looked at nearly 400,000 faculty who were recruited over starting in the early 19 seventies.

87
00:19:55.860 --> 00:20:03.989
Rahel G Ghebre: And the latest data that we have is 2010. But that's because they were followed for another decade. And so we're looking at.

88
00:20:04.680 --> 00:20:27.379
Rahel G Ghebre: You've now done a fantastic job. You've recruited the faculty. You've put them in the position you've provided them the resource. But the environment impacts, how the faculty progresses and their capacity to have a long and productive career. So we measure that in terms of retention. So this looks at the Median retention of faculty who have achieved a faculty position.

89
00:20:27.670 --> 00:20:39.699
Rahel G Ghebre: And over the decades, when we look at the gender differences, you know, starting in the 1970. By the time you get to 2,010 s. You achieve a parody based on the gender.

90
00:20:40.050 --> 00:21:09.290

Rahel G Ghebre: So that's you know, that's good progress. But the data on race and ethnicity shows that our groups, in particular American, Indian, Alaska, native and native Hawaiian, have the lowest retention rates. So not only is it incredibly challenging to make it through the pipeline and end up in our academic institutions, you know, advancing research and science. But once we get there, the environment itself, there's some inherent

91
00:21:11.120 --> 00:21:39.619
Rahel G Ghebre: challenges that I think are continuing to pose difficulties for retention. So one of my personal goals is really about having an environment where our faculty can flourish and we can have them retained and promoted. So that's another reason why I really wanted to partner with Mary and the work that she's doing, because I know that she knows with her partners what are potential opportunities and solutions. Thank you, Mary.

92
00:21:41.630 --> 00:22:06.919
Mary Owen: Thanks, Rahel, and thank you for bringing up the background. I always get jump into these without remembering to do that. This whole project came together because Dr. Gabre and I were talking one day about the problem of hiring at our university and people not being retained. So we came up with this solution together, and then she wrote for the supplemental grant that helped us to get to this place, that we are now so

93
00:22:07.200 --> 00:22:09.800
Mary Owen: good on her and good on the Masonic Cancer center.

94
00:22:10.210 --> 00:22:22.399
Mary Owen: But why do these fails? These hires often fail? Well, we're going to go through a couple of those points so you can understand them better yourself. And these are things that we have experienced, or we have heard from our colleagues.

95
00:22:22.940 --> 00:22:49.719
Mary Owen: So, for instance, a lack of connection, understanding and predominantly white spaces of who we are as people of color or people from these historically marginalized backgrounds, in particular, for us as native Americans, there's an increased likelihood of microaggressions. If there are people, if you're in a white environment, most people are not aware because we didn't learn it in our history, right. And this is our. We all know that we come from this country is extremely racist and has a long ways to go until we change that

96
00:22:50.160 --> 00:23:00.459
Mary Owen: no one to talk through about when you are mistreated. So you start to doubt yourself. Did it happen? Am I just being overly sensitive? This happened to me constantly in medical school.

97
00:23:00.500 --> 00:23:30.429
Mary Owen: little power, and no one else to join you when you raise an issue. So again, you're feeling a little lost the minority tax. It's the tax that if you are the only person of color or the only person representing your group, you're asked to join in. People need you on their committee. They need you, and and we understand that. And we want to. It's just. There's only if there are only a

couple of us, it just makes it too hard, and we can't get on with the work that we are hired to do, and or the work that we are really passionate about

98
00:23:30.520 --> 00:23:39.600
Mary Owen: expectation for code switching in a changing world. And Amanda, you brought this one up. So I'm gonna have you talk about it. And I can add anything. Other, go ahead.

99
00:23:40.990 --> 00:23:41.936
Amanda Dionne: Exactly one.

100
00:23:43.521 --> 00:23:49.199
Amanda Dionne: Yeah, but mostly goes back to

101
00:23:49.870 --> 00:24:18.219
Amanda Dionne: when you are in these academic institutions or government settings. There's a certain expectation of behavior, how you present yourself, how you talk, how you, how you articulate yourself, and if you're not fitting that mold, then you can be automatically dismissed. And then there comes microaggressions that quickly follow. And so there are some

102
00:24:18.270 --> 00:24:23.080
Amanda Dionne: native folks and folks from marginalized communities that have a little bit of a

103
00:24:23.550 --> 00:24:30.655
Amanda Dionne: easier time doing that cold switching a thicker skin to do it. But then there's also people who

104
00:24:32.180 --> 00:24:41.018
Amanda Dionne: want to be true to themselves and who they are, and do not permit the quote switching onto themselves. And so

105
00:24:41.680 --> 00:24:54.659
Amanda Dionne: I've seen people who don't want to do the code switching not made, not remain in institutions. Because of that very thing.

106
00:24:56.490 --> 00:24:57.620
Mary Owen: Thanks, Amanda.

107
00:24:58.040 --> 00:25:15.470
Mary Owen: I think we're going to see more problems with this in the next few years, because more of our youth are becoming stronger about asserting who they are. I think one classic example of that we've seen in history that's been really interesting is the I can't remember

108

00:25:16.030 --> 00:25:35.189
Mary Owen: the term. I'll use the term black. Speak, but I may be wrong, and I apologize if I'm wrong, but it's the language that many African Americans have used, and it's comfortable for them, and they've brought it sometimes into academia and had to fight for their right to use their own language from their community. I think that's been fascinating

109
00:25:35.570 --> 00:25:38.150
Mary Owen: ignorance about the history of this country and its peoples.

110
00:25:39.094 --> 00:26:02.120
Mary Owen: A good example of this is we're asked to give. If people don't understand this history. They ask us to talk about who we are, and expect to talk on everything. Amanda just had that request in the last couple of weeks again. So we will tell you what we're going to talk about, because we know our community. But that expectation is otherwise, because people don't know enough about us

111
00:26:02.530 --> 00:26:13.869
Mary Owen: lack of recognition, acknowledgement of expertise. This one happens all the time. You know, we know our communities well, and we can tell you what's going to work and what's not going to work. But if it doesn't, if it's not

112
00:26:14.416 --> 00:26:19.703
Mary Owen: exactly what the people are, bosses might think is important. They might not,

113
00:26:20.180 --> 00:26:35.369
Mary Owen: necessarily listen to what we believe to be the right way to proceed. A common example is approaching our communities too soon, or wanting to do a project in our communities that we know is not is not going to work. They just won't listen because they don't have to.

114
00:26:35.430 --> 00:27:00.499
Mary Owen: And it's the wrong thing to do shortcuts by hiring a native. I've seen this with students sometime. Even some people will think, because you have a native on your team that you're automatically going to have entry to our communities. We'll talk in a minute. Why, this doesn't work. But in general it's about the relationships you don't, just just because we're native doesn't mean that we have entry into any native community or even our own. If we haven't built those relationships

115
00:27:00.670 --> 00:27:07.920
Mary Owen: Tokenism, we all are aware of what this is, but unfortunately it continues to happen. I get reports from our medical students

116
00:27:08.360 --> 00:27:31.180
Mary Owen: about this occurring for them, being the only native on a team and people constantly mentioning that they have a native on the team devaluing of lived experiences, cultural expertise. This goes to the 1st bullet point as well, but also our community involvement. When I was a

resident in my 3rd year of residency, I was Get. We are all getting ready to get jobs. I was the 1st one to get a job.

117
00:27:31.610 --> 00:27:59.020
Mary Owen: and it was assumed that I got that job just because I was native, without any reflection on my having belonged to that community for a long time and maintaining those relationships, going back and maintaining those relationships. All the work I did to be part of my community. It's taken for granted that just because we are, we're born into that community that we're always given everything we maintain through reciprocity and traditional ways, we maintain those relationships and work on them.

118
00:28:00.120 --> 00:28:17.600
Mary Owen: lack of understanding impacts of disparities. In Indian country, the capacity people are not aware that we are at capacity always at capacity. So for people contacting our tribes and wanting to do research with them. Sometimes the tribe just does not, cannot, because they have no people to help out with that project.

119
00:28:18.550 --> 00:28:22.940
Mary Owen: even if it is a good one, and it gets to

120
00:28:24.130 --> 00:28:48.019
Mary Owen: one of our communities right now is going through some internal strife, and we just have to wait until they can get through. Get through it because they don't have. They're doing everything they can to survive right now. So when these events hit our communities they can wipe out entire sections. But even if they take out one person who's you normally work with, then you have to wait for another person to replace them who has to get trained.

121
00:28:48.020 --> 00:28:57.779
Mary Owen: and and then get to know your project so that capacity becomes a real barrier, or can be a real barrier. Real life numbers the constant loss. This was mentioned.

122
00:28:58.510 --> 00:29:05.100
Mary Owen: I'm sorry it wasn't mentioned. We, because, you know, our life expectancy is 65 years.

123
00:29:05.710 --> 00:29:13.629
Mary Owen: In some communities it's much lower, like in the Dakotas. It's lower than that. So many of us

124
00:29:14.090 --> 00:29:18.810
Mary Owen: too frequently hear about the loss of another family member or someone who

125
00:29:18.910 --> 00:29:23.699
Mary Owen: who might be a might not be a blood relative. But they're still a family to us.

126
00:29:24.110 --> 00:29:47.510
Mary Owen: So, recognizing what that does for the worker in your office lack of true appreciation for the power, importance relationships in Indian country. I was hired as a native person to come and work in Ojibwe Country. That's not always easy. I have had to work hard to build the relationships, and it didn't. You know I've been here now 11 years and have some pretty good ones, but it doesn't get me what Donis can do. Donnis in one week can get a

127
00:29:47.510 --> 00:29:55.180
Mary Owen: turn, a resolution around from a tribe because she is part of this community. She was raised in this community, knows it well knows people.

128
00:29:55.370 --> 00:30:12.789
Mary Owen: Jackie Dion factor is something that we joke about Jackie. Dion is Amanda Dion's mom, and worked at the Mdh. As a tribal liaison forever, and knows everybody and anything to do with tribal health. So if you got something, don't, please don't. All contact Jackie Dion now, but

129
00:30:13.630 --> 00:30:24.680
Mary Owen: that's the she has worked for the to build those relationships, and even though she's she's for turtle mountains, so she's not directly from here. She is ojibwe. But she had to still work to build those relationships.

130
00:30:25.760 --> 00:30:35.630
Mary Owen: So another solution hire someone and but place them in as an oops. Sorry about that. Place them in oh, going the wrong direction.

131
00:30:39.620 --> 00:30:53.429
Mary Owen: place them in an environment that is culturally congruent, supportive, and responsive. So in this case we hired Donnis or Masonic Cancer Center with this supplement hired Donnis. But she works in our office at the center.

132
00:30:54.730 --> 00:31:13.570
Mary Owen: And we did this to for the overall goal of increasing American Indian Alaska native representation in cancer, research and health related fields. But we knew that we wanted to hire her, and then make sure that she was hire someone and make sure that they were retained, and the way that.

133
00:31:14.200 --> 00:31:24.169
Mary Owen: and then to increase the representation from there. So this is the project that you're going to hear about from our call from Amanda and Donnis. Go ahead, you 2.

134
00:31:26.520 --> 00:31:45.659
Amanda Dionne: You, Dr. Owen. I'll do. I'll provide a quick, a quick overview of what was applied to by our to the National Cancer Institute that the Masonic Cancer Center proposed under Dr. Gabri's leadership. And so

135
00:31:45.980 --> 00:32:01.420
Amanda Dionne: this supplement was really designed, as Dr. Owen has shared, to change American Indian Alaska native health outcomes, but then also be able to hire and retain an American Indian Alaska native training

136
00:32:01.610 --> 00:32:20.410
Amanda Dionne: navigator with original aim to grow culturally inclusive strategies and practices while sustaining relationships with tribal communities really focusing on relationship building and connecting American Indian Alaska natives to pathway training programs. When we originally

137
00:32:20.410 --> 00:32:41.940
Amanda Dionne: proposed this project. It was external, facing, due to many disparities as well as low high school graduation rates within American Indian Alaska native communities. We at the center are doing a lot of work around workforce development and focusing on K through 12 education

138
00:32:41.940 --> 00:33:08.020
Amanda Dionne: as well as community engagement, so that we can help American Indian Alaska natives pathway into our university programs as well as our health science programs. And so what we learned quickly from the National Cancer Institute is that they were really wanting to quickly work with native communities that are postdocs. Early stage investigators are

139
00:33:08.020 --> 00:33:33.320
Amanda Dionne: pretty far into their academic career, but knowing that there has been so many things, to create barriers for native American communities, to be at advanced levels in academia. We knew that we had to go stream and start much earlier in engaging with communities as well as native

140
00:33:33.580 --> 00:33:49.070
Amanda Dionne: populations that are either in high school or undergrad programs. And so that's really where we focused our beginning efforts. And all of this is done again to increase health outcomes for American Indian Alaska native communities.

141
00:33:49.507 --> 00:34:03.860
Amanda Dionne: So we've advised and coordinated educational outreach activities to urban communities by working with stakeholders from the Masonic Cancer Center and the center of American Indian minority health to promote culturally relevant and responsive engagement with native communities.

142
00:34:05.380 --> 00:34:23.930
Amanda Dionne: I would say that when we 1st started this work we definitely focused on an external audience and native communities. But over time we changed our focus on internal native communities and identifying

143
00:34:24.010 --> 00:34:36.490
Amanda Dionne: native staff faculty students, early stage investigators, as well as creating space and place for native people within the University of Minnesota to come together and

144
00:34:37.062 --> 00:34:50.469
Amanda Dionne: collaborate on efforts that Dennis will share more about and then the final part of this work that we proposed originally was creating a model and documenting the model of

145
00:34:50.810 --> 00:35:02.839
Amanda Dionne: training navigation strategies that we know will work and then putting it together so that we can share broadly which this presentation is part of that, so now I will pass it over to Dennis.

146
00:35:05.740 --> 00:35:06.809
Daanis Chosa (she/her): Thanks, Amanda.

147
00:35:07.837 --> 00:35:14.089
Daanis Chosa (she/her): So I'll talk about some of the outcomes that we've had over the past year and some months.

148
00:35:14.695 --> 00:35:40.620
Daanis Chosa (she/her): So over the past year. Training navigation has had several outcomes based off of the aims and objectives that Amanda just spoke about. And so I think it's important to note that here at the center, we're able to provide a physical space that offers cultural responsiveness, collaboration and a safe environment for our community which has really played an important role in our training navigation efforts and our outcomes.

149
00:35:40.820 --> 00:36:03.220
Daanis Chosa (she/her): And so one outcome was to increase American Indian Alaska native representation in cancer research, the healthcare professions and also within our graduate programs. And so we work to enhance career development by improving academic success, success, career readiness and then leadership skills as well among our native students and professionals.

150
00:36:03.400 --> 00:36:24.720
Daanis Chosa (she/her): Another outcome of training navigation is that we work to strengthen community partnerships. And so this is done by creating collaborations with native communities and other organizations. And another piece of this is we've also developed and disseminated resources that address the specific needs of our native communities.

151
00:36:25.440 --> 00:36:54.219
Daanis Chosa (she/her): And finally, the support and training for research, inclusion, diversity and equity or stride, we're able to provide by advancing cancer careers through skills, development and grant opportunities. So training navigation is able to increase research capacity by really

encouraging, I guess, greater participation of native research in cancer and also health related research and careers.

152
00:36:56.550 --> 00:37:23.250
Daanis Chosa (she/her): my efforts are the native American and Alaska native training navigators. Physical space being housed or located within the center of American Indian minority. Health is really important to the success of training navigation, because we're able to provide support to students, faculty and staff in a more welcoming environment where they are able to feel empowered and comfortable to learn, grow, and network with each other.

153
00:37:23.380 --> 00:37:41.670
Daanis Chosa (she/her): And so an example is that we have breakfast gatherings monthly, where we invite students, faculty staff and partners like the Masonic Cancer Center to network over a shared meal. And so during deep week we were able to host a special breakfast upon their request.

154
00:37:41.850 --> 00:38:01.110
Daanis Chosa (she/her): and during that time we were able to connect a native Dnp. Student from out of State, who attends the U with another native American Indian, Alaska Native Specific Public Health nonprofit that focuses on cancer and cancer research, which is really what the Dnp student was interested in.

155
00:38:01.480 --> 00:38:19.110
Daanis Chosa (she/her): And then another example of offering space is that a couple of weeks ago a native professor came in to visit, and we were really able to connect them with another native student within that same school, and they discovered that they had, like several commonalities and shared interests related to research.

156
00:38:19.110 --> 00:38:35.699
Daanis Chosa (she/her): And so the student is now, considering the professor as a mentor or a pi in a research project which I think is really cool. And so these are just a couple of success stories that we have come across by just having the stride training navigation program housed within the center of American Indian

157
00:38:35.770 --> 00:38:37.360
Daanis Chosa (she/her): and Minority Health.

158
00:38:38.920 --> 00:38:40.440
Daanis Chosa (she/her): Next slide, please.

159
00:38:45.810 --> 00:38:46.730
Daanis Chosa (she/her): Thank you.

160
00:38:47.426 --> 00:38:50.810

Daanis Chosa (she/her): Oh, maybe you were there. The training navigation strategies.

161
00:38:51.820 --> 00:38:52.770
Daanis Chosa (she/her): Sorry. Yeah.

162
00:38:52.770 --> 00:38:54.630
Mary Owen: I jumped ahead of you. Sorry about that.

163
00:38:54.630 --> 00:39:02.398
Daanis Chosa (she/her): No, that's okay. So in our native communities, we understand the importance of relationships and relationship building

164
00:39:02.850 --> 00:39:26.840
Daanis Chosa (she/her): cultural understanding expertise and connections are really the key to the success of this program, the American Indian Alaska Native Training navigation. And so some of our strategies include establishing partnerships where we collaborate with community organizations, such as the Phillips Indian educators, the American Indian Cancer Foundation, the American Indian Higher Education Consortium, and so on.

165
00:39:26.850 --> 00:39:33.260
Daanis Chosa (she/her): and also the university departments where we can leverage resources, resources, and expand our reach.

166
00:39:34.005 --> 00:39:40.809
Daanis Chosa (she/her): The centers, established relationships, networks, and understanding of the needs of our communities makes us.

167
00:39:41.170 --> 00:39:52.370
Daanis Chosa (she/her): I guess, a more well fit ideal partner to connect with these different organizations and these collaborative efforts, help help us build trust, and ensure that the needs of the community are being met.

168
00:39:52.954 --> 00:40:19.795
Daanis Chosa (she/her): Identifying needs is another strategy. We have conducted gap analyses and needs assessments in order to understand the barriers and challenges that are faced by our native students, faculty and staff. Here. And so with our cultural understanding and expertise again, us at the center, and myself as a training navigate navigator can really identify and address those needs in a culturally sensitive and relevant matter.

169
00:40:21.186 --> 00:40:30.779
Daanis Chosa (she/her): developing resources, we again create culturally relevant and accessible resources to support career development and different educational pathways and cancer research

170

00:40:30.900 --> 00:40:42.129
Daanis Chosa (she/her): and health professions. And so we're able to develop these resources, making sure that they're tailored to the cultural and community specific needs of our native people.

171
00:40:43.140 --> 00:40:52.599
Daanis Chosa (she/her): community engagement. We, we participated in community events and conferences to increase awareness, build relationships and then also recruit native students and professionals.

172
00:40:53.020 --> 00:41:00.740
Daanis Chosa (she/her): And so myself and the centers and our active community presence really helps us promote trust.

173
00:41:00.850 --> 00:41:05.619
Daanis Chosa (she/her): encourage participation, and then build strong relationships within our communities.

174
00:41:05.780 --> 00:41:26.136
Daanis Chosa (she/her): mentorship and support. We provide individualized mentorship, consultation and cultural support to our native students, faculty and staff. And so this cultural competency and our community connections within the center we're are really essential for providing effective mentorship and support to our students that is tailored

175
00:41:26.930 --> 00:41:32.139
Daanis Chosa (she/her): interdepartmental collaboration. We're able to create relationships across departments.

176
00:41:32.674 --> 00:41:57.305
Daanis Chosa (she/her): to increase, reach and and impact. And so again, these include the relationships with Masonic Cancer Center, the School of Nursing college of Vet med circle of indigenous nations or coin. The graduate school Diversity office. And so us acting as like a central hub sort of for native health, we're able to facilitate collaboration between these different departments, ensuring that

177
00:41:57.880 --> 00:42:08.259
Daanis Chosa (she/her): our perspectives as native people, native students, faculty and staff are included and that our programs are being coordinated. Effectively

178
00:42:09.321 --> 00:42:29.020
Daanis Chosa (she/her): creating inclusive spaces. We're able to foster a welcoming and supportive environment where native people feel safe and empowered to pursue their goals. And so again, we're able to provide that safe space where native people can feel a sense of belonging and support, as well as well as making networks and connections

179

00:42:29.521 --> 00:42:46.809
Daanis Chosa (she/her): matchmaking and facilitating connections. I gave a couple examples of that earlier, and so we were able to create a comprehensive support system for native individuals in health professions interested in cancer research, really by connecting them to research, opportunities and faculty

180
00:42:47.170 --> 00:42:50.680
Daanis Chosa (she/her): doing related research, related research, and a lot of that

181
00:42:50.780 --> 00:42:59.986
Daanis Chosa (she/her): is definitely in partnership, and with the help and expertise of my colleague, Heidi Heidi Eschenbacher, as well I know who is on this

182
00:43:00.870 --> 00:43:03.070
Daanis Chosa (she/her): in this presentation today,

183
00:43:03.700 --> 00:43:31.250
Daanis Chosa (she/her): And so funding navigation. This includes practical application opportunities such as sharing researching funding opportunities, things like Biosketch development grant writing tips and so on. And so at the center. And with the support and knowledge of the Masonic Cancer center, we're able to provide culturally relevant guidance and support in navigating funding opportunities which in turn increases the likelihood of success for native researchers.

184
00:43:31.620 --> 00:43:55.099
Daanis Chosa (she/her): and, lastly, culturally grounded technical assistance and training. This approach ensures that the services provided are tailored to the needs and perspectives of our native people, increasing the likelihood of success. And so the center is able to offer training and technical assistance that is grounded in American, Indian, Alaska, native culture and values, ensuring that it's relevant and effective for our communities.

185
00:43:55.100 --> 00:44:12.174
Daanis Chosa (she/her): And so if we're bringing more people into these programs and into these opportunities, we have to make sure that our space has the ability to really affirm our different cultural identities just to be able to reduce harm that could impact our native students, faculty and staff.

186
00:44:12.760 --> 00:44:14.992
Daanis Chosa (she/her): and so these successes,

187
00:44:15.730 --> 00:44:41.370
Daanis Chosa (she/her): and the success of these strategies rely heavily on the partnerships, relationships, and networks established by us here at the center. And so these connections are really important when we're addressing the needs. And so without this foundation, many of the training navigation strategies would be less impactful and less effective in promoting native representation and success in cancer, research and health related fields.

188
00:44:42.507 --> 00:44:44.270
Daanis Chosa (she/her): Next slide, please.

189
00:44:44.270 --> 00:44:45.639
Mary Owen: Fly through these next couple.

190
00:44:45.640 --> 00:45:02.009
Daanis Chosa (she/her): Yeah, I can. Just I can do that, too. So really, I'll just talk about these key accomplishment accomplishments. And they include launching our stride program and the website which we talked about, which shares Nci career opportunities, training and diversity supplements.

191
00:45:02.542 --> 00:45:12.689
Daanis Chosa (she/her): And are well, different funding sources, I guess opportunities as well and share as well as sharing resources and skills development related to grant writing Biosketch

192
00:45:12.740 --> 00:45:40.900
Daanis Chosa (she/her): creation and so on again, creating culturally responsive spaces, growing relationships with internal and external partners. You can kind of read through some of those, I think a big one that I'd like to note. Here is the relationships we built with Minneapolis public schools. And so a big success around that was partnering with Msn's high school mentorship. Our internship program which focuses on college readiness mentorship and cancer research

193
00:45:41.020 --> 00:46:01.299
Daanis Chosa (she/her): and health career pathways. And so the goal is that of Msn is to enhance diversity in these areas. And so what they noticed was a lack of native representation in their programming. And so we were able to connect them with groups like the Philip, Indian educators, where they were able to then recruit 8 students to that program.

194
00:46:01.620 --> 00:46:06.880
Daanis Chosa (she/her): And then through that connection, we're also hosting event with their students at our center, where they

195
00:46:07.070 --> 00:46:11.900
Daanis Chosa (she/her): are going to be able to meet and network with native medical students, faculty and staff.

196
00:46:12.010 --> 00:46:15.709
Daanis Chosa (she/her): And with that I'll turn it back over to Mary.

197
00:46:16.490 --> 00:46:34.739
Mary Owen: You glitched on us. That was great. So I'm gonna fly through this. You all have the slides so you can look into these yourself. But I want to highlight a couple, you know. No process is

totally smooth. Occasionally we've come across a couple of bumps and we're gonna I'm gonna talk to you. The key areas that we've had bumps are, of course, our communication

198
00:46:35.270 --> 00:46:52.230
Mary Owen: which any team is going to have and what we have found, particularly when you have cross-cultural groups coming together is that you need even more communication. We believe strongly that if there's a problem it's got to be mentioned immediately, because nobody knows how to mind read.

199
00:46:52.740 --> 00:47:20.509
Mary Owen: which I know is hard here. But it's something that we try to practice all the time in our center, even though we have people who are from here. And anyway, you get the point. So it avoids the frustration. Volcano is what we find collaboration for native people in particular, everything is connected there, you know, everything's political. There's nothing that's not connected to something else. So it's important to adhere to that build collaboration and recognize all those different connections

200
00:47:20.900 --> 00:47:24.920
Mary Owen: integration. Again, you can read through all of these.

201
00:47:25.830 --> 00:47:28.879
Mary Owen: and then ask us any questions you have. In conclusion.

202
00:47:29.720 --> 00:47:51.500
Mary Owen: you have to engage the communities that are being impacted. And it's going to be most successful when it involves someone. If you're involving someone who's from that community who has the relationships that are needed. And it's mostly, and you're going to be able to retain that person who has those relationships when you put them in a safe space. So that's the end. And we're going to get to some questions here.

203
00:47:51.870 --> 00:47:52.980
Mary Owen: Thank you.

204
00:47:57.230 --> 00:47:58.680
Mary Owen: Back to you, Dr. Nunez.

205
00:47:58.680 --> 00:48:18.930
Ana Nunez MD: All right. Here we go. Dr. Yi. Good morning, he says. According to the New York Times, the Trump Administration has instructed Federal agencies to avoid the words native, American, indigenous community, tribal, cultural heritage, racism, and many others, including health disparities. This attitude is now spilling into Federal funding.

206
00:48:20.250 --> 00:48:31.229

Ana Nunez MD: There's a question. This is for Dr. Gabre about the funding for her office in the cancer center. How do you recommend the university or State or community address these issues and support native American communities.

207
00:48:33.830 --> 00:48:38.240
Rahel G Ghebre: Yeah, I actually think it's that the fact that we're having this conversation is

208
00:48:38.570 --> 00:48:49.139
Rahel G Ghebre: not intentional, but very timely. This is one of many similar questions that have come up because of the current environment and restrictions.

209
00:48:49.861 --> 00:48:54.579
Rahel G Ghebre: I think, no matter what the current trend might be.

210
00:48:55.130 --> 00:49:01.490
Rahel G Ghebre: we know what's right, and we know where the needs are, and we know where the disparity is.

211
00:49:02.423 --> 00:49:03.096
Rahel G Ghebre: So

212
00:49:03.900 --> 00:49:09.439
Rahel G Ghebre: I myself will not be shaken from what I know is is important work that has to happen.

213
00:49:10.304 --> 00:49:15.300
Rahel G Ghebre: When we're talking about doing this work, we're not talking about

214
00:49:17.200 --> 00:49:28.730
Rahel G Ghebre: you know, disparity that does not lack data. I mean, we're talking about cancer, health, disparity, disparity in diabetes and mental health conditions. So

215
00:49:30.400 --> 00:49:36.319
Rahel G Ghebre: I think we can always be grounded in in the actual conditions, the science

216
00:49:36.590 --> 00:49:48.940
Rahel G Ghebre: and the communities that we serve. So I don't have a particular answer to the person that posed the question. You know that certain words are not currently approved.

217
00:49:49.130 --> 00:49:58.889
Rahel G Ghebre: but I don't foresee that the word cancer will not be approved or the cancer. The word diabetes will not be approved, because that's a universal condition. So I think

218
00:49:59.440 --> 00:50:16.409
Rahel G Ghebre: collectively together, you know, with someone like Amandanis and Mary, who have insights, and where those disparities are and our cancer researchers, I think together we can come up with a solution to navigate these challenging times, but I certainly don't think we should

219
00:50:16.610 --> 00:50:22.439
Rahel G Ghebre: stop doing the work that is just so critical to our identity and into the needs of our community.

220
00:50:23.660 --> 00:50:29.070
Mary Owen: And and I want to add to that not talking about things doesn't make them go away.

221
00:50:30.000 --> 00:50:40.769
Mary Owen: And, in fact, right now, just by making these pronouncements. You're adding more trauma again, to a community that has been perpetually traumatized by the United States Government.

222
00:50:40.960 --> 00:50:43.640
Mary Owen: So we're just adding on to the problem.

223
00:50:43.780 --> 00:50:51.679
Mary Owen: and the more we acknowledge that, or the more we talk about, should we be following that, the more trauma you're inflicting on the on the community.

224
00:50:52.620 --> 00:50:55.980
Ana Nunez MD: And currently sort of adding to that in terms of sort of

225
00:50:56.330 --> 00:51:02.172
Ana Nunez MD: the current sort of read from the most recent sort of Supreme court perspectives.

226
00:51:02.590 --> 00:51:26.999
Ana Nunez MD: attending to our tribal communities are viewed as sort of a political group, right? They are not considered under sort of the umbrella of sort of race and ethnicity that you know in terms of fair admissions, and so on and so forth. They have already the Supreme Court's already said, this is a political group which is different than race and ethnicity. So there is sort of that. You know those type of things. I do think that in terms of.

227
00:51:27.000 --> 00:51:33.369
Ana Nunez MD: You know the the joy of the lexicon is. There's other ways to talk about it. Unmet

228
00:51:33.370 --> 00:51:48.349

Ana Nunez MD: health needs unnecessary health deaths from cancer. All those things are sort of corollaries, which which isn't necessarily on their list. And so I think that you know we go back to sort of that. It is about our mission

229
00:51:48.420 --> 00:51:56.410
Ana Nunez MD: and how we need to get the work done. And you know I'll just share. You know. The fun fact I learned is that the University existed

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00:51:56.480 --> 00:52:19.119
Ana Nunez MD: before Minnesota was actually a State. It was still a Territory, and the charter for the University said that the charter is to take care of everybody living in Minnesota, all communities, that's all of us, including our tribal communities, in terms of that care. And so, as a Land Grant institution, our pledge is to take care of everybody in terms of our State. And so I think that

231
00:52:19.660 --> 00:52:48.179
Ana Nunez MD: you know there's a conversation in terms of States right versus Federal. But we're put here to take care of everybody, and that's our job. So I think that we have to sort of we have to figure, how do we thread the needle in terms of sort of our purpose and mission in terms of getting it done to make a difference. You know, I think I just want to sort of uplift a few things I thought, that were really fabulous to sort of uplift, and early on, when you talked in terms of some of the research of mistrust. What came to me was sort of the

232
00:52:48.240 --> 00:52:55.330
Ana Nunez MD: way not to do it, which is at and to versus with, and sort of collaborative.

233
00:52:55.330 --> 00:53:08.649
Ana Nunez MD: But within collaborative, it isn't just Hi. I've just met you. I don't know you from anybody. Let's collaborate. You have to sort of build that adaptive capacity. And a lot of the wonderful examples you gave is all of the lead work

234
00:53:08.650 --> 00:53:33.299
Ana Nunez MD: that needs to happen in terms of building those relationships, building that space building that adaptive capacity so that we can work together on sort of common things to sort of move the needle in terms of improving health. It takes time. It takes time. It takes the right people. It takes the headset. It takes cultural humility for individuals. And so I think that that's really important, because I think that lots of times like have an idea. Let me go do a project

235
00:53:33.460 --> 00:53:56.959
Ana Nunez MD: bunk, you know. It's like it doesn't work that way because we we need to sort of build that space where we can sort of be together in terms of having sort of conversations. And so I just want to applaud you in terms of all of the groundwork that you've done, and sort of establishing sort of these models, so that we can sort of replicate those, but I think that that was really that sort of came across very loud to me in terms of some of the great stuff

236
00:53:59.500 --> 00:54:03.879

Ana Nunez MD: dirt. Webb says, great talk. I loved hearing about the work your amazing team is doing

237
00:54:12.140 --> 00:54:13.890
Ana Nunez MD: comments, questions.

238
00:54:16.320 --> 00:54:22.810
Mary Owen: And I think right now, what we're all experiencing together is more

239
00:54:24.020 --> 00:54:34.160
Mary Owen: is a more reason to do this work than than not. You know, we're gonna we're we're going through a setback, not just native communities, but in science in general

240
00:54:34.310 --> 00:54:35.310
Mary Owen: again.

241
00:54:35.480 --> 00:54:36.290
Mary Owen: And

242
00:54:36.720 --> 00:54:48.290
Mary Owen: so it's so frustrating to always be on the defense rather than being able to jump ahead with programs like this and be on the offense. But I think that's where we have to do. At the same time we're fighting. We've got to be pushing forward.

243
00:54:49.220 --> 00:55:07.349
Ana Nunez MD: Well, and I think sometimes, in terms of the face of adversity, what feels like treading water is just getting the job done, and sort of being here in terms of sort of making those connections getting people into sort of care, you know, I think about sort of just for lots of patients, lots of patients. Cancer means you're done, that's it.

244
00:55:07.350 --> 00:55:33.460
Ana Nunez MD: and sort of it's quick to sort of get to futility, to not engage to withdraw. And with all the options that we have in terms of cancer care. There's a whole lot of things that people can do, and there's lots of options. But first, st we have to get people over that sort of futility piece which is attitudinal and relationship and family sort of attitudes about things. And so the more that we can do that the more we can sort of make a difference in terms of help them help themselves in terms of outcomes. Somebody asked.

245
00:55:33.460 --> 00:55:46.450
Rahel G Ghebre: And if I could just add 1 point, you know, I mean from a cancer research before cancer advancement ends up in clinical trial where we can really see the big impact.

246
00:55:46.630 --> 00:55:49.690

Rahel G Ghebre: There are decades of

247
00:55:49.870 --> 00:56:06.909
Rahel G Ghebre: work that happens in labs, in team science that that must be funded, that must be supported to get to that advancement. So I think the same thing applies to the work that Mary is is sharing with us today, and the work they've done.

248
00:56:07.100 --> 00:56:34.409
Rahel G Ghebre: So many of us are want to see the clinical trials outcome. But we need the support, and we need the teams to do the decades of work to build that preliminary things. Where then, we can advance. You know this big mission big vision. So I hope you know, you all get the sense that we're really wanting our community, our university, our partners, to be engaged in a lot of this preliminary work that must be done to bring.

249
00:56:34.850 --> 00:56:43.840
Rahel G Ghebre: you know, bring us together to sort of be more aligned that we're moving together. But it! It takes a team to to move any of this work forward

250
00:56:44.010 --> 00:56:46.495
Rahel G Ghebre: and thank you very much for for

251
00:56:47.130 --> 00:56:53.149
Rahel G Ghebre: for Mary being just, you know, such a leader in in her center. It's it's amazing.

252
00:56:53.740 --> 00:57:01.759
Mary Owen: Thanks, Rahel Anna, can I address that last question about dreams? Thanks. I think that's a really good question. The dreams for how we can get through this setback.

253
00:57:01.760 --> 00:57:28.619
Mary Owen: And I believe it's through efforts like we're doing at the center. And it's collaborative efforts. It's all of us coming together and us working with the cancer center, but also working with all the other schools within the Academic health center. It's working more with researchers, with community organizations like we do at the center to figure out where our commonality is and come together for for solutions. That's the dream is more solidarity

254
00:57:28.620 --> 00:57:34.000
Mary Owen: in everything that we do not just in our space, but outside of the university as well.

255
00:57:34.010 --> 00:57:38.340
Mary Owen: You know, this silliness is coming about in part because we've been able to be divided.

256
00:57:38.500 --> 00:57:58.369

Mary Owen: It's the wrong way. We need to come together, and we don't always have to have race or class, or any of these other things dividing us. We need to go past all those arguments, no matter what. If you're red, blue doesn't matter, it doesn't matter. The truth is what matters, and coming together and supporting one another. So sorry. Thanks for the chance to blab there.

257
00:57:58.370 --> 00:58:09.170
Ana Nunez MD: No, no, I think that's that's absolutely, you know, in terms of we are strongest when we are together in addressing this, and I think that. You know we can be together without

258
00:58:09.540 --> 00:58:25.380
Ana Nunez MD: pretending that we don't have differences, because we all do in terms of our perspectives, and those are the cool stuff stuff about sort of how we are different and unique. But we can come together in terms of mission to sort of get the job done, and we may have to in the next few years be creative.

259
00:58:25.380 --> 00:58:48.830
Ana Nunez MD: you know, work to sort of meet with individuals who have resources that want to help us in terms of doing it in ways that we haven't done before, to be able to sort of get resources to do this work. You know some of the stuff. That is, you know, easy and flashy, you know. That's that's great. But some of the really fundamental stuff the things that you mentioned Dr. Gabre, you know we need support for that. And so we may have to look at sort of different ways

260
00:58:48.830 --> 00:59:17.589
Ana Nunez MD: for individuals to support those efforts. If it's not an option in terms of some of the federal funding that we have sort of looked at, and so we have to sort of diversify in terms of sort of getting out there and letting people know what these unmet needs are, and how they can sort of help in terms of making a difference. I fundamentally feel that the human spirit is one that is of sort of kindness and sort of wanting to make a difference in terms of moving things forward, and that's what we have to come together. It's easy to divide. It's easy to sort of distract.

261
00:59:17.820 --> 00:59:29.922
Ana Nunez MD: but our focus in terms of sort of improving health, for everybody is, I think, sort of that true North that we have, and we just have to sort of figure out, how do we do that together, despite sort of a lot of noise and derailment.

262
00:59:30.980 --> 00:59:42.509
Mary Owen: Can I do? A last call out to Donnis and Amanda. This work would not happen if Amanda hadn't been hired in our office and then pulled in Donnis, who she knew from her past work in the community. That's what it's about.

263
00:59:42.660 --> 00:59:43.490
Ana Nunez MD: Yeah, let me.

264
00:59:43.490 --> 00:59:44.090
Mary Owen: Which do you think?

265
00:59:44.090 --> 01:00:09.710
Ana Nunez MD: Their talent and input in terms of sort of building. And that's that's the piece is, you know, it's the dream team to sort of make it happen, and it's the collaborations to sort of get it done. Well, thank you, everybody. I thought this was a great session. Appreciate your time, appreciate your contributions in terms of making a difference, and, you know, keep it up in terms of sort of how we need to sort of get the things done. Thank you so much, everybody else. I'll turn this back over to Matt.

266
01:00:10.250 --> 01:00:35.719
Dean's Lecture Series: Yeah, I just highlight what Dr. Said, this was an excellent talk. Thank you all so much for for being such wonderful presenters today, and thank you to everyone who was able to join us today as well. So thank you for your time. And you know, one question survey is going to appear on your web browser immediately after the end of the zoom session. We would appreciate if you took the time to complete the survey that helps inform us of future presentation, topics, topics, and issues that that arise in your workspaces.

267
01:00:35.720 --> 01:00:45.419
Dean's Lecture Series: and reminder that this session was recorded and will be shared within 2 days to all those who registered for the event and otherwise recording can be found under the education and training tab of the Odei website.

268
01:00:45.420 --> 01:01:01.460
Dean's Lecture Series: And then, please save the date. Our next Dean's lecture Series session will be on Wednesday, April 9, th with Dr. Terry Maresco, who we got in connection with through Dr. Owen. Actually, Dr. Maresca is a native physician who set up the Seattle Indian Health Board Residency program. We look forward to seeing you all. Then thank you, and take good care.

269
01:01:08.470 --> 01:01:10.139
Mary Owen: Thanks, you guys. I think that went well.

270
01:01:10.390 --> 01:01:11.140
Dean's Lecture Series: Absolutely.

271
01:01:11.140 --> 01:01:11.710
Ana Nunez MD: Great job.

272
01:01:11.710 --> 01:01:12.700
Dean's Lecture Series: Thank you so much.

273
01:01:12.700 --> 01:01:13.440
Mary Owen: Language.

274

01:01:13.830 --> 01:01:14.399
Dean's Lecture Series: Take care!