Published in final edited form as:

Prog Community Health Partnersh. 2010 ; 4(1): 81–86. doi:10.1353/cpr.0.0110.

Launching Native Health Leaders: Students as Community–Campus Ambassadors

Valerie Segrest¹, Rosalina James, PhD², Teresa Madrid², and Roger Fernandes¹

¹Seattle, Washington

²University of Washington

Abstract

Background—Ancient teaching styles such as storytelling can help Native students to navigate the educational pipeline, and become forces for shaping health and research landscapes. Many experience isolation on campuses where these worldviews are marginalized.

Objective—Launching Native Health Leaders (LNHL) reduces academic isolation by creating an environment where students identify with Native values while exposing them to health and research career opportunities and interdisciplinary professional and community networks. Student experiences and the LNHL mentoring approach are described through phases of the Hero’s Journey, a universal mythic story of human struggle and transformation.

Methods—Undergraduates were recruited to attend health and research conferences through college and university student service programs. Tribal community representatives led group discussions focused on tribal health issues, and students explored intersections of indigenous knowledge with community-based participatory research (CBPR) and their educational journeys.

Results—LNHL supported more than sixty students to attend eight professional conferences since 2006 that included themes of cancer control, tribal wellness, and indigenous knowledge systems for health. Students pursuing higher degrees and community service careers participated in conference sessions, small group discussions, and reflection activities with professional and tribal community mentors.

Conclusion—Mainstream academic systems must include indigenous voices at all levels of leadership to shift the direction of health trends. LNHL builds capacity for community-based efforts by balancing Indigenous and academic mentoring and empowering Native students to navigate their personal journeys and create pathways to serve the needs of Indigenous peoples. Students from other marginalized groups may benefit from an LNHL mentoring approach.

Keywords

Indigenous; native; community-based participatory research; mentor; capacity

“Shoot the arrow first, and then draw a target around where it lands.” This metaphor accurately describes the career pathways of many Native people who are on an educational journey without always knowing where they are going or how they will get there. This is a story of the importance and value of ‘wandering’ in higher education and the ways in which wandering opens doors to important teachings and enlightenment. We reflect on our personal stories in context of the Hero’s Journey, to illustrate how the process of connecting career pathways to traditional values can be just as important as reaching academic milestones for Native students navigating the educational pipeline. We propose that perhaps we are just drawing the target in the wrong place when thinking of how to train students who want to work in or with tribal communities.

ROSE: FILLING A GAP

“I’m overeducated because of Jerry [a pseudonym].” I was one of a seemingly endless string of Native people that used this phrase when speaking at an honoring ceremony for our former professor at the small community college. Jerry passed on shortly after this gathering, but Native students whom he mentored are now represented in diverse fields across academics, government, business, industry, and tribal settings. He sought us out on campus. He helped us to cope with alienation in an environment where our historical perspectives, experiences, and worldviews were challenged. For example, in addition to taking remedial math and a heavy academic load my first year, I had the added stress of listening to other students dismiss colonizing events, such as boarding schools, as “a thing of the past.” A surprising number of people on campus were unaware of atrocities that were vividly recounted in the stories our Elders shared with us. These students saw little connection between the violent loss of language or ceremony to current health problems such as domestic violence and suicide. Implied, or stated outright, these disjointed arguments conveyed assumptions that indigenous people (including my own relatives) were somehow inferior, as “demonstrated” by the “fact” that they either could not, or would not, learn to eat right, exercise, or provide children with safe, nurturing home lives. I didn’t have the patience to be an educator. I avoided these tensions by assimilating, by simply omitting reference to my heritage in mixed company. It was a relief to be myself around Jerry and Native peers, and the sanctuary allowed me room to tackle new levels of rigor in my college courses and explore broader horizons.

The time spent under Jerry’s wing reoriented my career goals and opened doors. I started taking classes in search of an alternative to the commercial fishing that traditionally supported my blue collar family. An Associate of Arts degree was a big accomplishment. A Bachelor’s degree was nowhere on my radar until Jerry placed the application on the table and told me to fill it out. Universities were an “ivory tower.” They were expensive and competitive and were not for people like me. Having someone I respected mobilize me to take the next step at this junction of my life created a foundation of confidence that built upon itself with each small or large success, and carried me through my doctorate program. I’ve come to appreciate these life lessons as a gift. It is okay to be both Native and academic, and facing rejection (from scholarships, schools, people, new environments) is sometimes necessary to navigate systems and achieve my own goals.

With an advanced degree, I was introduced to a vast professional network of indigenous scholars through conferences and workshops. My experiences of losing friends and family to prescription drugs, methamphetamine, and chronic disease were common in Indian country. I pondered the anemic Native representation at many professional venues, and how there clearly were not enough of us to confront the health inequities in our communities. The growing acceptance of CBPR opened new possibilities for working in partnership with tribal groups to conduct health research. However, we needed more Natives at tables where research agendas and policies were discussed; thus the idea of LNHL was born. I began searching for opportunities to bring Native students to health and research conferences and incorporating tribal community mentors into these group experiences. The LNHL program became one small way I could engage others to launch off from the place where I had landed in my career pathway. Generous financial and in-kind support of conference programs, travel scholarships, small foundations, schools, colleges, tribal organizations, and volunteers allowed me to host mentored group conference experiences tailored for Native undergraduates. I selfishly did this to reduce my own feelings of isolation at meetings, but also to increase Native access to professional platforms that shape CBPR and academic landscapes. Sharing stories of my personal and professional struggles at LNHL events encouraged others to navigate their own academic systems without compromising their

values and identity. Hearing stories of student journeys also influenced my goals for how the program could draw upon the diverse knowledge of our emerging Native leaders.

Over time, I began to shift the LNHL program from a focus of moving students into health sciences pipeline towards a more balanced model of CBPR and holistic health. Several students have credited LNHL for catalyzing their ascent through higher education. However, others reflected on how they could use this new knowledge to forge positive change through positions as educators, council members, tribal health care managers, and community researchers. Valerie's story is one such example of a student whose journey weaves through academic settings and back to her community.

VALERIE'S JOURNEY: A STUDENT'S PERSPECTIVE

My mother was introduced to foster care at 3 months of age. Tracing her roots through Indian Country was an arduous process involving treaty rights, Bureau of Indian Affairs accounts, allotted lands, blood quantum, and historical trauma. Twenty years of searching and we finally arrived home. Suddenly, spending as much time as possible with the grandfather I had just met took priority over academic responsibilities. Some questioned what this man who was an addict, homeless, an ex-con outlawed from Montana, a survivor of boarding schools, and a traumatized war veteran had to offer me as my "Teacher" prototype. I listened to stories of his wild life as I drove him to appointments and attended to his liver condition. His gift to me was the inspiration to do more with Elders, and so I began work as a caretaker for my tribe. However, I found the revolving clinical interactions and pill circus disturbing. The unexpected passing of a special Elder owing to health complications added to my confusion about our health care practices. At the same time, I was both nervous and excited about transferring from tribal college to a big university for my bachelor's degree where I would focus on naturopathic nutrition. On my last day of work, I felt hopelessness for the health of my community, the incomplete structure of tribal health care, and my place within that system.

I immediately encountered disconnect from the scientific context of health in my new environment. Could the knowledge I was working so hard to understand be utilized effectively in my tribal community? I made friends easily enough, but being the only Native student was socially and intellectually isolating. Although emphasis was placed on "fixing" health imbalances among underserved populations, not one other person could fully appreciate the trials of health disparities from a Native perspective. This became apparent in a class discussion about the diabetes epidemic in Native American communities. My classmates blamed refined sugars, processed foods, and white flour. I raised my hand and suggested "historical trauma" as an alternative explanation. My professor replied, "Well, that can't be measured." This communicated that if it couldn't be calibrated in a laboratory or rigorously evaluated using a Likert scale, historical trauma did not exist. It, therefore, could not be empirically linked to chronic disease in Native populations. My mother, grandfather, and the Elders taught me differently. They had seen firsthand how federal programs discouraged traditional food sources and gathering practices, and related them directly to underlying imbalances associated with this devastating disease. At this point, I questioned whether there was room for such truths in the realm of science.

Around this time, I was invited to join a Native-focused health career program at a conference in Oregon. Dr. James had convened a dozen students with different tribal affiliations and majors, and enrolled in big universities and small tribal or community colleges. Over the next couple of days, we discussed Native disparities and reflected on how our personal stories intersected with health issues. We discovered professionals doing innovative work in tribal community-based health projects while spending informal time

with peers, the presenters, and tribal mentors. We also listened to Roger Fernandes tell traditional Native stories. He asked us to consider our careers as a pathway of transformation, urging us to draw from traditional knowledge more holistic approaches to achieving Native health goals. This session offered a framework for understanding the purpose of my own journey. I became confident in my chosen pathway. I came to understand that, in addition to a university education, I would need Native mentors to help me reach my traditional learning needs. I envisioned just two directions before Portland, backward and forward. I no longer felt alone in my pursuit to find culturally appropriate ways of healing.

Over the next couple of years, I attended additional LNHL conferences and each event resulted in new relationships and opportunities to reconnect with previous participants. As students representing every facet of tribal identity (urban, reservation, traditional, ethnically mixed, etc.), we discussed ways we could use CBPR partnership tools to work together toward finding solutions that impact tribal health. My final conference directly networked me to my current position as nutritionist for a traditional foods project. I intend to return to university at some point, and these LNHL relationships continue to be a source of much needed support as I search for programs where the rich cultural knowledge I've gained from working in tribal communities can be incorporated.

We need Native professionals to deliver culturally relevant research and care, and to play pivotal roles in shaping tribal health policies.¹⁻⁴ However, recruitment and retention become problems in academic climates where the rare minority student must shed aspects of his or her cultural identity to succeed.⁵⁻⁷ Sharing stories of our individual journeys creates space for Native people to identify with each other, and learn from each other, how to overcome obstacles along our academic paths.⁸ Storytelling enhances creative thinking by inviting listeners to derive their own lessons, which can be literal or metaphorical but always contain a form of "truth." This way of knowing is often ignored or altered to fit the interests of science and academic communities.^{9,10} Rich family and community teachings, ethnicity, culture, history, and worldviews of our Native college students become marginalized and devalued.^{8,11-13} These Native ways of knowing and learning should be acknowledged and valued in medicine and health research training programs to help address root causes of health inequities. Instead, students sometimes cope with the academic, social, and political challenges on college and university campuses by keeping their own identities, experiences, and traditional knowledge "in check."^{12,14} The Hero's Journey^{15,16} is a universal mythic story of human struggle and transformation that illustrates some key elements of Native student experiences. In this framework, a hero begins his journey as an orphan (in either a literal or metaphorical sense), placed in situations that make him feel insecure or irrelevant. With guidance from an often unseemly or unlikely teacher, the orphan receives gifts in the form of tools that aid him in his journey. One of the gifts is the recognition of knowledge that he possessed all along, through which our hero identifies a higher calling in life that propels him to move beyond despair, isolation, or feelings of hopelessness. He is tested by a series of challenges in pursuit of his goals, many of which require that he engage in critical self-reflection. A pivotal point in the transformation process is when the hero learns to care more for others than for himself. There are many mentors (family, teachers, Elders, children) and events (grief, love, spirituality, success) that play important roles in helping the hero to complete his journey.

The stories shared above reflect phases of the Hero's Journey. In these narratives, Valerie and Rose overcame obstacles through guidance of teachers they encountered along journeys through academic and health research systems. As their pathways intersected with LNHL, they eventually rediscovered traditional Native teachings and meaning for their work that could not be attained through mainstream education alone. Both Rose and Valerie begin

their stories as orphans. The authors experienced social isolation on University campuses that prompted them to keep their cultural identity in ‘check’ when interacting with others, to avoid generating additional stress or distraction from their academic requirements. As one of Rose’s motivating teachers, Jerry provided sanctuary and sense of community that helped her weather alienating stresses of a culturally distant environment, and redirected her energies towards broader academic horizons. The grandfather grounded Valerie in cultural and historical family roots, inspiring her to incorporate community knowledge into her higher education goals. Valerie’s vision for a tribal nutrition career was inspired through a Native storyteller, Rose, and peers that she encountered at LNHL events. The dissonance between Native cultural teachings and Western health care and research paradigms posed obstacles to education, sometimes causing students to doubt their own knowledge or the purpose of their career goals. For instance, Valerie’s experience in her nutrition class exemplified limitations of scientific structures that do not recognize Elders’ stories as a valid form of knowledge, or may fail to incorporate historical trauma into understanding diabetes rates in Native communities. However, gifts from various teachers helped these two young Native students draw on traditional knowledge to find confidence and meaning in their personal journeys. Endowed with these gifts, they developed new tools to persevere emotionally, socially, and academically toward educational goals.

Profound battles along the journeys can be external, such as Valerie’s struggle to make sense of her place within a broken tribal health system. They can also take the shape of conflicting worldviews described by both authors as disturbing interactions with classmates or faculty in academic settings, or internal, as illustrated by Rose’s reluctance to envision herself in “ivory towers” of higher education. Facing these challenges was part of the journey, and the only way that Rose could eventually transform into an archetype “teacher” for students such as Valerie. It is through this role she was able to help others to cultivate essential relationships with peers, professional role models, and traditional mentors. LNHL is the gift she brought back to her community, which included paying forward to Native students at crossroads in their educational trajectories. By creating space for Native students to engage with traditional and academic mentors, Rose exhibited caring for the needs of students over her own. In Valerie’s case, she became a leader in tribal communities as one of a handful of Native nutritionists that respects and incorporates traditional knowledge into her practice. She represents hope for the youth that see her as a role model, and the Elders whose knowledge she translates to new generations. Through her work she inspires countless others. These journeys will evolve as the authors encounter new teachers, absorb higher orders of meaning in their visions, and reach additional levels of transformation for themselves and the people they serve.

Only a small fraction of Natives who enroll in college or university remain in the educational pipeline for the period it takes to establish an independent research or health career.^{17,18} These departures are viewed as leaks, or losses to the creation of a robust cadre of Native health leaders. However, if the goal is to create wellness and more equitable access to care by supporting Natives in positions where they can positively influence tribal health, then we must begin to draw the target around where our Native students choose to land. To this end, the LNHL supports exploration of health career opportunities in context of students’ traditional values, natural interests, and academic directions, including the choice of returning to work in underserved tribal areas as opposed to uninterrupted pursuit of higher degree programs.

A core motivation for starting the LNHL program was a CBPR principle that proposes bidirectional capacity building as a means to balance power in research relationships.^{1,19-21} The LNHL was founded on the idea that students are ambassadors with abilities to nurture collaboration among campuses and communities. When they move between these worlds

they gain skills and cross-pollinate scientific and tribal cultures with new ideas. Building true capacity for community-based partnerships requires increasing the number of Natives working together and with partners to reduce health disparities, emphasizing the attention needed to address challenges affecting our students and to support the growth of this important human resource.^{2,4}

Western research designed to respond to the health needs of Indigenous people must be tested, challenged, and improved by Indigenous people. Academic and tribal cultures often represent divergent motivations, means, and objectives for entering research partnerships. It is a Native teaching to accept, honor, and respect your whole self. Native students who are present and visible in academic environments where CBPR principles are valued provide opportunities to share their traditional and personal stories with researchers and individuals that seek to understand lived experiences of tribal community partners. Holistic concepts of health are often central themes in traditional Native teachings, and storytelling is an accessible way for anyone to relate to these core values and derive meaning that will broaden insight and respect for Indigenous forms of knowledge. The infusion of Native concepts is required to find balance in contemporary health systems that consider spiritual and emotional properties less valid (i.e., hard-to-measure) aspects of wellness or a “contamination” of scientific objectivity. Western research frameworks promoted in health fields are not adequate to catalyze the sweeping systemic changes that must occur to reverse health trends. Increasing representation in health and research fields occurs when students connect traditional values with their career journeys.^{4,8,22} Promoting Native students as knowledge brokers is building academic capacity for partnership with communities. Their participation in our professional systems is a way to address this dissonance and develop holistic approaches to complex problems.

Acknowledgments

The authors thank Helene Starks for her generous support editing this manuscript.

This project received support from the Center for Genomics and Healthcare Equality (P50HG003374, National Human Genome Research Institute, Wylie Burke, PI); NARCH 3 Improving Health Research Skills for American Indian/Alaska Native Students and Fellows, (U26IHS300003, Indian Health Service, Thomas Becker, PI); Norcliffe Foundation; Intercultural Cancer Council Student Mentoring Program; and Northwest Indian College.

References

1. Cargo M, Mercer SL. The value and challenges of participatory research: Strengthening its practice. *Annu Rev Public Health* 2008;29:325–50. [PubMed: 18173388]
2. Fisher PA, Ball TJ. Tribal participatory research: Mechanisms of a collaborative model. *Am J Commun Psychol* 2003;32(3/4):207–16.
3. Hollow WBP, Davis G, Olsen PM, Baldwin LM. American Indians and Alaska Natives: How do they find their path to medical school. *Academic Med* 2006;81(10):S65–9.
4. Institute of Medicine. Balancing the scales of opportunity in health care: Ensuring racial and ethnic diversity in the health professions. Washington (DC): Institute of Medicine and National Academy Press; 1994.
5. Loewen, JW. Lies my teacher told me: Everything your American history textbook got wrong. New York: Touchstone; 2007.
6. Smedley, BD.; Stith, AY.; Colburn, L.; Evans, CH. The right thing to do, the smart thing to do: Enhancing diversity in health professions. Washington (DC): National Academy Press; 2001.
7. Yurkovich EE. Working with American Indians toward educational success. *J Nurs Educ* 2001;40(6):259–69. [PubMed: 11554460]
8. Brayboy BMJ, Maughan E. Indigenous knowledges and the story of the bean. *Harvard Educ Rev* 2009;79:1.

9. Lomawaima KT, McCarty TL. When tribal sovereignty challenges democracy: American Indian education and the democratic ideal. *Am Educ Res J* 2002;39(2):279–305.
10. Pember MA. Diversifying pedagogy. *Diverse Issues in Higher Education* 2008;25(5):18–20.
11. Bruner J. The narrative construction of reality. *Critical Inquiry* 1991;18:1–21.
12. Guillory RM, Wolverton M. It's about family: Native American student persistence in higher education. *J Higher Educ* 2008;79(1):57–87.
13. Riessman, CK. *Narrative analysis*. London: Sage; 1993.
14. Stanley C. Coloring the Academic landscape. *Am Educ Res J* 2006;43(4):701–36.
15. Pearson, CS. *The hero within: Six archetypes we live by*. San Francisco: Harper & Row; 1989. p. 204
16. Campbell, J. *The hero with a thousand faces*. New York: Pantheon Books; 1949.
17. Yurkovich EE. Working with American Indians toward educational success. *J Nurs Educ* 2001;40(6):259–69. [PubMed: 11554460]
18. Chapa JDLR. Belinda, the problematic pipeline: Demographic trends and Latino participation in graduate science, technology, engineering, and mathematics programs. *J Hispanic Higher Educ* 2006;5:203–21.
19. Isreal, BA.; Schulz, AJ. Critical issues in developing and following community based participatory research principles. In: Wallerstein, MMN., editor. *Community based participatory research for health*. San Francisco: Jossey-Bass; 2003.
20. Keltner B. American Indian, Alaska Native nurses blaze trail of culturally competent care. *Am Nurse* 1999;31:3.
21. Martin WE. Career development and American Indians living on reservations: Cross-cultural factors to consider. *Career Dev Q* 1991;39(3):273–83.
22. Hall LAB, Leslie D. Identity development and mentoring in doctoral education. *Harvard Educ Rev* 2009;79:1.