

Connecting Culture, Land, and Family to Health: Reflections on a Workshop: Advancing Health Equity for Native American Youth

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An elder's blessing began the workshop hosted by the Institute of Medicine's (IOM's) Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities, and it was critical in grounding the entire day. While we did not know the meaning of his words, spoken with passion and authority, the reverence and respect of the elder-leader were undeniable. It opened us all up to new possibilities—a willingness to sit, listen and learn. I felt an unusual sense of collective humility in the room, even among the most scholarly presenters. I was ready to begin, eager to know more about the topic that we began focusing on 2 years ago in Seattle at an earlier workshop.

The goal of that first workshop was to deepen our understanding of the unique health inequities within Native populations and to identify what was making a difference. We convened a rich array of Native people from across North America, including representatives from Hawaii, various Pacific islands, and Alaska; the majority of participants in the room were from native populations. While we learned a lot and were proud to have facilitated a place where colleagues could meet, network, and hear about strategies, programs, research, and policies that seem to be gaining traction, there was a noticeable gap—it was clear that we needed to dive deeper into the unique challenges faced by Native youth. We wanted to know about their assets and resilience.

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We heard about the high suicide rates and other challenges they faced in acculturating and adapting to Western culture. We yearned to learn more, to do more. We were determined to find and shine a light on the gems—resilient Native youth leaders—and to share their stories with others.

The workshop, *Advancing Health Equity for Native American Youth*, held in New Mexico in May 2014, offered this opportunity for concentrated attention on young Native people. I was impressed with the youth panel that followed the elder's blessing. These young people took time from their school day to talk with us, answer questions, and share insights on a variety of topics. They were all inspiring *and* tolerant toward a group of strangers who wanted to learn from them and understand their experiences.

One young woman commanded everyone's attention. She was focused, articulate, and, from the beginning, established herself as a leader. I was intrigued as she talked about her journey, leaving New Mexico to go to Stanford University, but leaving there

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after two years. My brain was activated. I had so many questions—many of them centered on how she gained the confidence to speak with such clarity and poise. What happened at Stanford? What is she doing now? Does she have mentors guiding her? With the theme of the day focused on resilience, she appeared to be modeling this in action.

Yet running in the background of my mind were troubling statistics about the poor health outcomes of Native People, including cancer, heart diseases, and diabetes and resulting amputations. But the one indicator that worried and saddened me the most was the high suicide rates of young people. Suicide is the second leading cause of death in 15-to-24-year-old Indian young people, and among 10–14 year olds, it is the third leading cause of death.¹

This is why I wanted to know what kept these youth intact, how they had escaped becoming a statistic. What supports helped to shelter them? A Native American audience member, clearly impatient with the questions being asked of the young people, went to the microphone to inform us that an 11 year old had recently committed suicide. What were we going to do about that? His passion, pain, sense of helplessness, and anger were palpable. We were stunned into silence, and I felt a profound feeling of helplessness.

How was this workshop, as wonderful as it had been so far, going to make a significant difference in the lives of the people we were gathered to better understand? We were there to explore whether understanding, empathy, and compassion could be translated into action, whether policy could change as a result of action rooted in deep caring, and whether new and creative use of resources could result from knowing the source of suffering. I felt weighty and started to listen more intently. I yearned to find something I could do—as an individual, as

Co-Chair of the IOM Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities, as a mother—to make a difference.

I was heartened by the afternoon session on promising practices, when Dr. Gayle DinéChacon, Director of University of New Mexico’s Center for Native American Health, described a wonderful and supportive program that would be graduating 27 Indian students from medical school. I felt as proud as if I had a child in the graduating class. Here, again, was resilience in action. At the same time, I kept wondering about the young woman who dropped out of Stanford. What was missing for her?

Two weeks later, I was in New York, reading an article in *The New York Times Magazine* called “*Who Gets to Graduate?*”² The article focused on an innovative program at the University of Texas that puts supports in place to help low-income students succeed. Although most students from these communities at our nation’s prestigious schools were fully qualified, many still failed, due not to inability but to two factors: (1) their lack of belonging and doubts about fitting in; and (2) concerns about their ability to succeed in these competitive environments. This fascinating study immediately reminded me about the youth panel. I also vividly recalled my own story.

My family moved from Central Florida to NYC when I was 16 and had just started 12th grade. (I would later discover that our move was part of the migration pattern described by Isabel Wilkerson in her powerful book, *The Warmth of Other Suns*.) It was a traumatic move—loss of friends and my familiar tight but segregated Southern community. My father chose my high school among three all-girls schools in a row: one Catholic, the next college prep, and the last one a trade school. He chose the college prep because of course I was going to college: I had good grades. But the guidance

counselor thought I should go to the trade school and just become a nurse's assistant. I had to fight to stay in college prep, mostly because of the belief that my education from the South was not of equal value to an NY education. Plus, I would need to take the NY State Regent exams for all classes I had already taken from 11th and 12th grade. It was grueling, but I chose the hard route. There was certainly a sense of not belonging. In fact, I felt like a foreigner. My language was different. My clothes were different. My food was unlike theirs, and I struggled with doubts about the exact things mentioned in the article. Was I welcomed in this environment, and was I as smart as the others? Reading the magazine article struck a sensitive cord.

I decided to reach out to the young woman who had made such an impression on me. In talking with Ms. Lia Abeita-Sanchez, it was clear that she was a focused young woman with strong values. She cared about getting a good education and honoring her family, tribe, and community. Her family sent her to a private college prep school away from her community, beginning in 7th grade. It was a culture shock, but it prepared her for acceptance to Stanford University. Her decision to leave after 2 years was a result of needing to be in an environment that she felt was more "real." The only place she felt a sense of belonging was among other Native American students, and she was beginning to experience burnout. Her decision to return back home was, for her, a pivotal point in her life. She missed the connections to land, family, and culture: "Education is never just about being there for yourself. You carry the pride of others with you." Studying at the University of New Mexico, surrounded by supportive and involved faculty, offered her far more prestige than attending one of the nation's top universities. While she valued the rich experiences and opportunities Stanford afforded her, her

work now connected her to the community. Her family felt pride as reports of Lia's good work traveled to them. She was finally back in a place that was "real." In fact, her response to who she turned to for advice and knowledge was, "a tribal leader is as valid as a college professor."

As for Lia's theory on high suicide rates, she pointed to a basic difference in how health is viewed in Native communities. For many tribal people, a sense of balance is key to overall well-being, and illnesses are often attributed to lack of balance. Traditionally, there is value in recognizing imbalances in each other, "and together we can find a remedy." She further stated that increasingly, there is an overreliance on doctors having the answers. Lia also asserted that adherence to strict confidentiality, in some instances, may contribute to an individual's problems because the community is left unaware that help is needed. Treating people in this way creates isolation: "In the past, if one person in our culture was unhealthy, we were all unhealthy." This would be the point where community would step in and work to find a solution. In essence, Lia worried about the introduction of Western values into her culture, and as much as they have benefited from some aspects, there have also been unwanted and unfortunate consequences.

After my refreshing conversation with Lia, I am convinced that we will continue to hear more about her. I felt proud to have been a part of creating an environment that stimulated a search for answers to some of these complex issues. The work of the IOM Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities was instrumental in creating a dialogue and engaging diverse audiences to honestly assess what is working and what may need to change. And through this, we all benefit.

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<http://www.iom.edu/nativeamericanyouth>

¹ National Center for Health Statistics, 2002.

² Tough, P. 2014. "Who gets to graduate?" The New York Times Magazine, May 18.