

WE ARE HEALERS

**STRATEGIC  
PLAN FOR  
CAPACITY AND  
NATIVE YOUTH  
IMPACT**

**2022-2025**





Pictured: Asia Brown (Choctaw) – Sexual Health  
Communications Specialist, Northwest Portland Area Indian  
Health Board  
Photograph by Robert Cuadra

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# INTRODUCTION



**Striking health disparities exist in Native communities and there are too few Native health providers. Together we can reverse these trends.**

**We Are Healers has made an intentional effort to replace the dominant narrative about Native Americans in mainstream society with a new narrative for social change.**

## **WHY DO WE NEED NARRATIVE CHANGE?**

A narrative change can lead to shifts in attitudes, behaviors, practices and policies which can lead to deeper and lasting changes in systems and cultures. Changing this dominant narrative about Native Americans is the key to advancing tribal sovereignty, dismantling invisibility and racism, and ensuring a better present and future for Native people.

# ABOUT WE ARE HEALERS

## Mission

We Are Healers inspires American Indian youth to see themselves as future healers through the stories of American Indian role-models. To this end, we endorse healthy, active lifestyles and encourage youth to harness the strength of their tribal healing tradition as they explore educational opportunities.

## Core Values and Key Strategies

- We **INSPIRE** Native youth to pursue health careers and to achieve their greatest potential
- We **ADVISE** health profession schools and programs on best practices to recruit and retain Native students
- We **CONNECT** Native youth to enrichment opportunities to achieve their health career aspirations

Since 1980, every minority group has seen increases in students attending medical school, except for Native Americans.

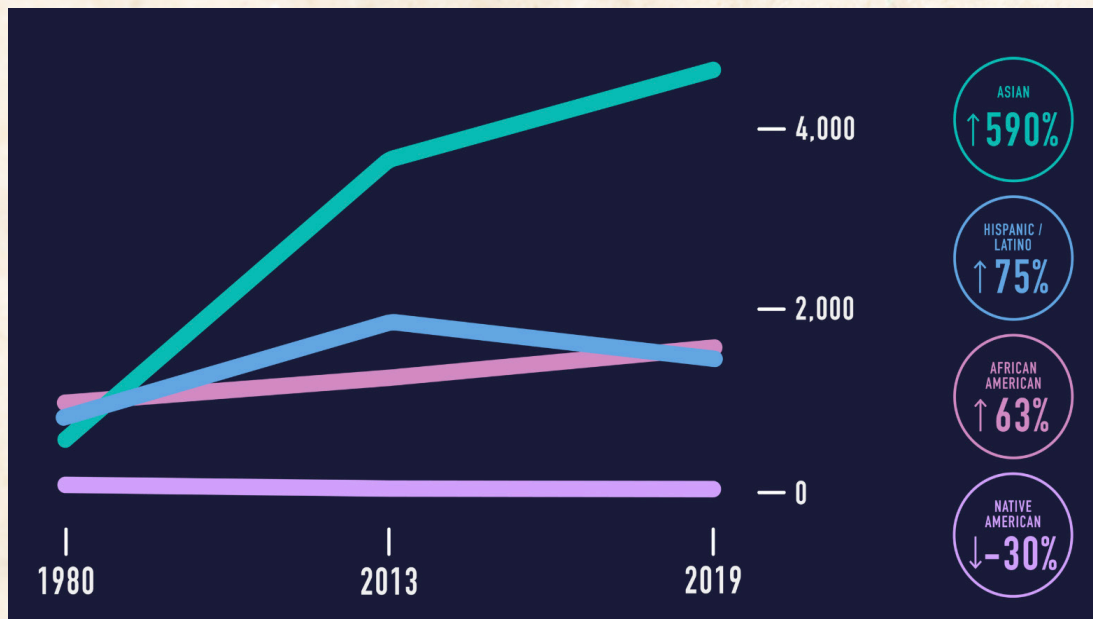


Fig 1.1

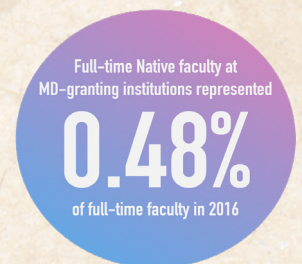


Fig 1.2

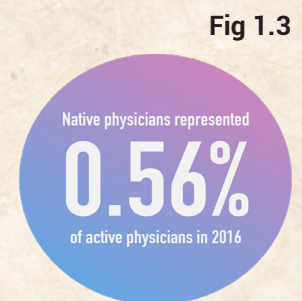


Fig 1.3

As of 2023, only 0.66% of American Indians and Alaskan Natives were MD-granting medical school matriculants, a decrease from years prior, per the Association of American Medical Colleges.

We Are Healers aims to change this by inspiring Native youth to pursue careers in health care, connecting them to resources, and advising health professional schools and programs on how to recruit and retain Native students.

Fig 1.1 - Matriculation rates of Asian, Hispanic/Latino, African American, and Native American medical students since 1980.

Fig 1.2 - Full time Native faculty of MD-granting institutions represented 0.48% of full-time faculty in 2016.

Fig 1.3 - Native physicians represented 0.56% of active physicians in 2016.

# KEY TERMS

**Health Profession:** Health professionals maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring. Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve. They advise on or apply preventive and curative measures and promote health with the ultimate goal of meeting the health needs and expectations of individuals and populations and improving population health outcomes. They also conduct research and improve or develop concepts, theories, and operational methods to advance evidence-based health care.<sup>1</sup>

**Health Profession Career Examples:** Biostatistician, Community Health Educator, Dentist, Epidemiologist, Hospital Administrator, Nurse, Psychiatrist, Public Health Advocate

**Medical Profession Career Examples:** Family Physician, OBGYN, Physician Assistant, and any other profession aligned with allopathy, osteopathic, podiatric professions, and so on and so forth.

**Health Inequity:** The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.<sup>2</sup>

**Health Justice:** A collective community effort to undo the systemic pressures that influence health inequity within our communities. These efforts include the work of We Are Healers wherein we provide access to health career educational opportunities for Native youth, advise academic institutions on the importance of Native healthcare workers, as well as recruitment and retention of Native students, and connect Native youth to health professional mentors.

**USMLE:** The USMLE stands for United States Medical Licensing Examination®. The United States Medical Licensing Examination (USMLE) program supports medical licensing authorities in the United States through its leadership in the development, delivery, and continual improvement of high-quality assessments across the continuum of physicians' preparation for practice.<sup>3</sup>

**MCAT:** The MCAT stands for Medical College Admission Test®. It is a standardized, multiple-choice, computer-based test that has been a part of the medical school admissions process for more than 90 years. Each year, more than 85,000 students sit for the exam. Nearly all medical schools in the United States and several in Canada require MCAT scores, and many health profession schools and graduate programs now accept MCAT scores in lieu of other standardized tests. The MCAT exam tests examinees on the skills and knowledge that medical educators, physicians, medical students, and residents have identified as key prerequisites for success in medical school and practicing medicine. The content is divided into four sections:

- Biological and Biochemical Foundations of Living Systems
- Chemical and Physical Foundations of Biological Systems
- Psychological, Social, and Biological Foundations of Behavior
- Critical Analysis and Reasoning Skills<sup>4</sup>

**NCLEX:** The NCLEX stands for National Council Licensure Examination®. It is an exam used to determine if recently graduated nursing students are safe to practice. Graduates from an accredited Associate Degree in Nursing (ADN) or Bachelors of Science in Nursing (BSN) program are required to pass the NCLEX-RN to earn licensure and legally practice nursing in the United States. Graduates from a licensed practical nursing (LPN) or licensed vocational nursing (LVN) program are required to take the NCLEX-PN (practical nurse) exam. The NCLEX-RN and NCLEX-PN test critical thinking skills using information students learned in their registered nursing or vocational nursing school. The goal of the NCLEX is to ensure that graduates can make quality nursing judgments and provide safe patient care.<sup>5</sup>

**DAT:** The DAT stands for Dental Admission Test®. All dental schools require applicants to take the DAT as part of their comprehensive admission process. The DAT is accepted by 66 dental schools in the U.S. It is designed to provide dental education programs with a means to assess applicants' potential for success. Prospective dental students should take the DAT during the second semester of their junior undergraduate year, or during the summer between junior and senior years.<sup>6</sup>

1. Definition and expanded information available on the National Library of Medicine: Transforming and Scaling Up Health Professionals' Education and Training: World Health Organization Guidelines 2013. Geneva: World Health Organization; 2013. Annex 1, Definition and list of health professionals. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK298950/>

2. Expanded information on American Indian and Alaskan Native health disparities available on at Indian Health Service website: <https://www.ihs.gov/newsroom/factsheets/disparities/>

3. Learn more about the USMLE: <https://www.usmle.org/>

4. What you need to know about the MCAT exam available at AAMC: <https://students-residents.aamc.org/choosing-medical-career/what-you-need-know-about-mcat-exam>

5. What you need to know about the NCLEX Exam available: <https://nurse.org/resources/what-is-the-nclex/>

6. Learn more about the DAT: <https://www.ada.org/education/testing/exams/dental-admission-test-dat>



Pictured: Jasmine Fernandez (Pascua Yaqui) – Second year medical student at Oregon Health & Science University and We Are Healers Junior Fellow  
Photograph by Robert Cuadra

# THEORY OF CHANGE



**Striking health disparities exist in Native communities and there are too few Native health providers. Together we can reverse these trends.**

**We Are Healers has made an intentional effort to replace the dominant narrative about Native Americans in mainstream society with a new narrative for social change.**

## **WHAT IS A THEORY OF CHANGE?**

A theory of change is a strategic tool used for successful transformation. We begin with clear defining goals, then structure our short-term and long-term steps. By illustrating the values of each element within this roadmap, a theory of change maintains organizational focus and leads us to our desired outcomes.

## Theory of Change Implementation Strategy

***Our vision for the change we aspire to make is that American Indian and Alaskan Native youth experience equitable academic and health profession career opportunities, become a majority of healthcare providers to better serve their own communities, and shift the narrative of what it means to be Native in a contemporary world.***

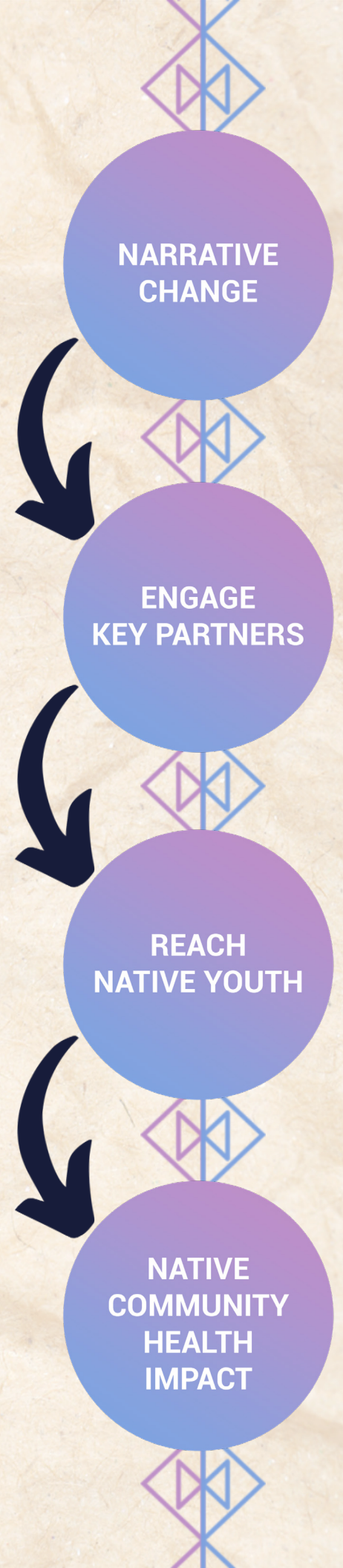
To bring about this vision, our theory of change implementation strategy acknowledges that we must engage and motivate key partners—stakeholders, academic institutions, tribal health facilities, media, philanthropists, decision-makers, Native youth, and health justice advocates across the nation—through critical approaches to create lasting change and impact for Native youth pursuing their health professional dreams.

- » **Raise Awareness** to the multi-faceted inequities within our communities that affect our collective health.
- » **Shift Perspective** to advance actionable support that upholds our mission and vision.
- » **Take Action** to ensure equitable educational and health professional opportunities to Native youth pursuing their health career dreams.
- » **Establish Movement Networks** with allies and key partners demanding representation, support, and change.

American Indian and Alaskan Natives are subject to some of the greatest health inequities in America. When tribal data is included, American Indians and Alaskan Natives live sicker and die younger than any other group of people in America. It does not have to be this way. The answer to some of the greatest challenges that tribes experience rests within the community themselves. ***Native youth and their talents stand to be the solution to these challenges.*** However, there is a lack of opportunities for American Indian and Alaskan Native youth to succeed in the US education and health education systems.

We Are Healers theory of change is strategic in our use of data and applying this knowledge to programs at key moments along the health education pathway to optimize the success of American Indian and Alaskan Native youth and bring change. We have formed ***strategic partnerships*** over the past decade ***with organizations and institutions who are aligned in both heart, mind, and vision*** to achieve this wider goal.

The success of engagement is dependent on the establishment of movement networks who can acknowledge, improve, and implement this new narrative across national communities. Key partner support will reinforce We Are Healers organizational strategic and capacity efforts to guarantee mobilized change and thus, the ability to demystify the pathway to health education and provide academic and health professional opportunities to Native youth.





# 2020–2022 ACCOMPLISHMENTS

## CAPACITY & ORGANIZATIONAL DEVELOPMENT

- » 3 new staff members
- » 3 new staff roles: Operations & Development Director, Marketing & Communications Director, Program Director
- » 1 new national program office
- » 2 in-person professional development opportunities
- » 4 new Junior Fellows

Over the last two years, three key learnings guided our capacity-building and programmatic growth:

**First**, building engaged relationships with key partners is a measure of success because it allows for the implementation of our theory of change and creates conditions for movement.

**Second**, programmatic and capacity support provides We Are Healers with the capability to inspire, connect, and advise Native youth on their pathway to a health profession.

**Last**, increased capacity and organizational development ensures we are expanding our reach, thus empowering more Native youth, as well as supplying our key partners with a well-constituted and knowledgeable team.

## MOVEMENT PARTNERS

16 new key partners across the United States

## GRANT AWARDS

7 national partners supporting WAH mission and vision



Pictured: Dr. Shandee Dixon (Apache), Assistant Director of Cancer Research Training, OHSU Knight Cancer Institute, School of Medicine - Associate Scientist, Oregon Clinical & Translational Research Institute (OCTRI)  
Photograph by Robert Cuadra

# STRATEGIES & INITIATIVES



## STRATEGY A

PROGRAM EXPANSION &  
DEVELOPMENT

## STRATEGY B

CAPACITY BUILDING &  
ORGANIZATIONAL DEVELOPMENT

## STRATEGY C

NATIVE YOUTH &  
HEALTH EDUCATION IMPACT

## STRATEGY D

GRANTMAKING &  
FUNDRAISING ADVANCEMENT

## STRATEGY E

MATRICULATION &  
RETENTION IMPROVEMENT

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# STRATEGY A

## PROGRAM EXPANSION & DEVELOPMENT

*Goal: Deepen and expand programs to meet Native youth health education needs*

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**Objective 1:** In 2022, launch an expanded Fellowship program to guide 10 Native youth pursuing a health career education, including mentorship with key partners, standardized examination & preparatory assistance, community building with other Native health students, and workforce development training.

**Objective 2:** Steward at least 5 partnerships with medical schools to train on best practices of recruitment and retention of American Indian and Alaskan Native students.

**Objective 3:** Expand Fellowship program to guide up to 20 Native youth pursuing a health career education, including mentorship with key partners, standardized examination preparatory assistance, community building with other Native health students, and workforce development training.

**Objective 4:** Develop and implement an annual, 2-3 day health accelerator program for Native youth outreach in Native regions, including intentional partnership with tribal councils and native nations. **\*piloted areas: Great Lakes, Northern Plains, and PNW regions**

**Objective 5:** Increase matriculation and retention rates of American Indian and Alaskan Native health professional students through We Are Healers services and programs.



# STRATEGY B

## CAPACITY BUILDING & ORGANIZATIONAL DEVELOPMENT

*Goal: Invest funding internally to grow staffing needs, technology, operations, and communications*

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**Objective 1:** In 2022, grow We Are Healers team to include a Program Director and Marketing & Communications Director to roll out partnership collaborations and expanded We Are Healers programs.

**Objective 2:** Establish the first We Are Healers national program office in Portland, OR.

**Objective 3:** Seek the first Executive Director for We Are Healers to further empower the We Are Healers team, lead the organizations mission and vision, network We Are Healers services and programs to the respective institutions and communities in need. In addition, establish regional programmatic officers, develop a creative team, and build a robust development department to ensure the long-lasting impact of We Are Healers programs for years to come.

**Objective 4:** Invest in staff growth and team-building with resources towards professional development, education assistance, and health and wellness.

**Objective 5:** Implement a program management system to measure donor and key partner engagement and programmatic successes for accounting transparency and organizational development.



# STRATEGY C

## NATIVE YOUTH & HEALTH EDUCATION IMPACT

*Goal: Inspire and connect Native youth with health education institutions through compelling storytelling and opportunity*

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**Objective 1:** Hire a professional Marketing & Communications Director to emphasize We Are Healers brand, voice, and vision, and implement our organizations narrative through multimedia platforms.

**Objective 2:** Promote We Are Healers expanded programs through inspirational messaging that will inspire networks with institutions and communities to recruit and retain American Indian and Alaskan Native health students.

**Objective 3:** Develop and implement a robust quantitative and qualitative engagement method to measure We Are Healers marketing and communications impact that will be instrumented by the WAH Evaluation Committee.

**Objective 4:** Develop a substantial marketing and communications plan to target demographic of Native youth and health education institutions in their respective regional communities that will assist program staff with their programmatic implementations.

**Objective 5:** Engage the top 8 medical schools within the United States to support and mobilize We Are Healers impact and services to American Indian and Alaskan Native health students.



# STRATEGY D

## GRANTMAKING & FUNDRAISING ADVANCEMENT

*Goal: Expand program impact through stakeholder and key partner advancement*

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**Objective 1:** Establish at least 3 new multi-year grant partnerships.

**Objective 2:** Secure a minimum of \$200,000 in programmatic funding from grant partners and stakeholders annually, leaning into collaborative program efforts and mission alignment.

**Objective 3:** Work in tandem with leadership team to produce a bi-annual newsletter for donor and stakeholder engagement.

**Objective 4:** Establish a development timeline and fundraising action plan for quarterly fundraising campaigns, year-end solicitations, and an annual in-person fundraising gala.

**Objective 5:** Increase average giving amount and donor recruitment by 20% annually.

