

Episode 7: Empowering Indigenous Youth with Culture and Belonging: Featuring Dr. Jason Deen

Podcast transcript

“It’s really getting back to some of those healthy ways that were present [in Indigenous communities] before [European] contact. So these really not only connect, Indigenous youth with their communities, with their elders, with mentorship... but it also gives them a sense of self-worth. It gives them an identity that they can really rely on. -Jason Deen, MD

Robert Sege: Welcome to the HOPEful Conversations About Child Development podcast series. I’m Bob Sege, a pediatrician and director of the HOPE National Resource Center at Tufts Medicine.

Baraka Floyd: And I’m Baraka Floyd, a community pediatrician at Stanford and HOPE Facilitator and Champion. The Healthy Outcomes from Positive Experiences, or HOPE framework, emphasizes the Building Blocks that children need to thrive: relationships, environments, engagement, and emotional growth. In this podcast, we interview leaders in child health and development in order to learn more about how to support families in creating positive childhood experiences for their children. You can learn more about Hope by visiting our website positiveexperience.org. On today’s episode, we’re talking with Dr. Jason Deen. Jason is a descendant of the Blackfeet Nation. He’s also a pediatrician and professor of pediatrics at the University of Washington. Jason founded the University of Washington Center for Indigenous Health, which has created sustainable pathways to help professions targeting children as young as elementary in service of increasing the number of Indigenous physicians practicing in Washington State, Wyoming, Alaska, Montana and Idaho. Jason is also a member of association of American Indian Physicians and serves on a committee that’s created guidelines for holistic and culturally aligned treatment of American Indian and Alaskan Native children. He also mentors many American Indian and Alaska Native students, some of whom I have the benefit of working with. As part of his clinical practice, Jason also does an outreach clinic in Anchorage, Alaska, caring for children with different types of heart disease. Jason, welcome to Hopeful Conversations.

Jason Deen: Thank you so much for having me. So hello relatives.

Floyd: I want to really dig right in. From your experience, what are some of the unique ways in which Indigenous families provide positive experiences for their children?

Deen: Yeah, thanks for the question. So there are quite a few layers of adversity for optimal health that Indigenous children in the United States are facing. These have started with contact, basically, so have been present for over 500 years. They were affected by colonization, dispossession, and the reservation life. And, they continue today because of, because of ongoing systemic racism. An amazing way that Native families really are helping their children are really becoming connected to their culture. You know, historically, before contact, Indigenous communities in the United States were very healthy. But, because of all those layers of adversity, you know, they’ve accumulated morbidity in current times. So the way that a lot of Indigenous communities can really help their kids, connected to their culture. This involves some cultural socialization for younger Indigenous kids, whether it’s language



acquisition, learning about traditional activities and those sorts of things. And then there's participation in these activities. Now, these are very region and tribal specific in regards to what are meaningful to Indigenous kids. And, they're really connected to not only a place, as we've kind of mentioned, but also time of year, the season, those sorts of things. Whether it's participating in beating during the winter or berry picking in the summer or fishing in the spring, it really depends on the usual activities of a community. The participation in these sorts of things not only kind of improves the health of the individual, but improves the health of the community itself, which really benefits all kids.

Floyd: And you mentioned a term before contact, can you for our audience kind of distill what that means?

Deen: Sure. It's just before contact, colonization, before [Christopher] Columbus came to the Americas, it's pre-contact with European settlers.

Floyd: Great. And then, I hear you saying that really participating in these activities and learning more of the native language, is really helpful in promoting health. But, what's the significance for children and families and how does this help them feel kind of like part of the community?

Deen: Yeah. So this is a decolonizing concept. So, it's really getting back to some of those healthy ways that were present before contact. So these really not only connect, Indigenous youth with their communities, with their elders, with mentorship, those sorts of things, but it also gives them a sense of self worth. It gives them an identity that they can really rely on. It gives them, you know, improvements in their own self-esteem. These are measures that we really have to kind of foster in Indigenous youth because it's really going to be impossible to change some of the history, some of the ongoing historical trauma. But, what we can shift to is really empowering the youth and giving them some worth and self identity.

Floyd: So really connecting back to kind of their Indigenous culture and understanding the culture that they're part of and from whence they come really kind of helps build that confidence and self worth in a different way.

Deen: Correct. And then, you know, they can make healthier decisions as they get older. We all know that adverse childhood experiences disrupt neurodevelopment and it leads to unhealthy behavior choices. I think, a sense of self worth and self esteem will help Native youth make healthier choices for their lives.

Sege: Jason, I've been listening to you. This is wonderful. And, I've been translating into our HOPE framework. And, what we talk about is engagement and how important it is for young people to feel like they matter. And, my experience is that kids who go to powwow or dress in regalia or do all of those things feel engaged in their community. So, can you tell a story, maybe about a child or youth or someone who got engaged with these. And, how it changed their outlook on what it meant to be who they are?

Deen: Yeah, that's a wonderful question, because a lot of these things are really important to Native youth. It reminds them of their own history. It reminds them of their families. It reminds them where they've come from. And this is in a setting of, maybe, their overall environment. Suppressing those things for these children. So, is not only fun, it broadens the sense of community and connection. It leads to friendly competition, leads to a lot of joking around and a lot of laughter. You know, me seeing

a patient of mine at a powwow. They just get that sense of context, that broader sense of context. They don't just associate me with the hospital, but they do associate, you know, seeing other folks within their sphere at these cultural events. And then when they, you know, when they go to these things, when they interact with, of their specific circle, I mean, that's kind of important to folks.

Floyd: Jason, I think the other thing that I heard you mentioning is also how these activities help build relationship, with other individuals. And, I can imagine that being able to see their clinician engaging in powwow and other cultural activities helps build a relationship in a different way, with their clinician. And, being able to see that my clinician cares about these cultural things that are of such importance to my family, my elders, my tribe, that helps to both bring a sense of a stronger connection with their clinician, as well as a stronger sense of engagement and belonging.

Deen: Yeah, that is very true. You know, there is a traditional Indigenous concept of community health. It really mirrors some of the kind of public health practices that we follow today. Really, it's about making an environment that's healthful, making the community more healthy. And, in that way, the individual will be more healthy. And the way this was really done traditionally is through these cultural activities. Cultural food acquisition, subsistence farming and fishing, preparation of foods with song, celebration with dance, other traditional kind of practices of worship and prayer, those sorts of things. So, you know, it's, if that is the traditional concept that we're trying to teach our children, they need to realize this is something that all Indigenous people can participate in. So when they see a professional or a teacher or someone else in their community that they don't usually see at these things, it just instills upon them the sense that this is important. This is how, you know, this is how, you know, the community comes together. This is how we take care of each other.

Floyd: Yeah. And Bob, to your point, I think as I'm thinking about the Building Blocks here, I'm seeing both relationship and environment and that concept of community health.

Sege: And, there's one thing that you said that I absolutely love, Jason, and that's just that there's a lot of laughter. And, for me, when I see parents and kids and families and kids laughing and giggling, it makes me feel really positive about their outlook because that's the kind of thing that we remember, from our childhood. Unless us feel like we're part of the family and we bring joy as well as all the things we get in trouble with. I love that you mentioned that because I think that for some people, ceremonies involve something very similar, serious, and you have to do it just right. But, when you mentioned that, people laugh and sing and do all those things, it really brought home how important this is.

Deen: Yeah. I mean, in these settings, Native kids feel safe, so they're able to do those things. It behooves us as pediatricians to bring that sense of cultural safety into the clinics so that when they come to visit us, they feel that they can be themselves, that they can laugh. So, yeah, I think that's an important aspect.

Sege: So these activities that you mentioned, they're all linked to time, place and culture. And, they bring a sense of relationships well beyond the immediate family and a sense of engagement and belonging in cultural traditions across time and space. I want to turn to you and your work with the Center for Indigenous Health and the Association of American Indian Physicians. And, how does this support the engagement to the next generation of Indigenous physicians?

Deen: Yeah. Wonderful. Thank you. So we haven't, our, UW Medicine, Center for Indigenous Health, is basically an ecosystem building program. We want to normalize being a medical professional to, you

know, just, in general, for a lot of these communities. So, that's a lot of the work that we at our center do. The Association of American Physicians also is committed to training and mental health and really fostering the next generation of Indigenous health professionals. So, you know, I'm an academic pediatrician. This is something that is within my comfort zone. And you know, it's a way for me to combat health inequities that are experienced by Indigenous communities. Because, what we know is that there, if there are more Indigenous doctors, if there are more non-Indigenous allies trained to better care for Indigenous patients, their care will improve. We know this from literature with patient and provider, racial and cultural concordance. It improves communication, it improves quality of care, it decreases unexpected events. So, this is something that we are committed to here in my Center at the University of Washington. Because of the long history of systemic racism and barriers that a lot of Indigenous communities have faced, the educational attainment level is quite low for many Indigenous communities. In fact, the high school graduation rate is very low in many communities. So, I mean, because of this, there are fewer Native folks that are in college. So, therefore, there are fewer Native folks that are in graduate school or professional schools. So currently, American Alaska Native physicians are the most underrepresented. So, if we look at [Association of American Medical Colleges] AAMC data, Indigenous physicians comprise less than half a percent of all physicians. And, remember that Indigenous folks are about 2% of the US populations. So it's quite limited there. So, along with our Center at the University of Washington, there are several other like Centers at public universities, public medical schools across the country, Oregon Health Sciences University, University of Minnesota, the University of Wisconsin, the University of Oklahoma, the University of Arizona. So, we are all focused on normalizing the experience of being a medical professional and being Indigenous. So, what my goal is when we do this out so my Center does outreach to elementary school students. We basically go to their reservation tribal schools. We do dramatic play. We have dramatic play trunks led by our pre-engagement coordinator. And we just, we just kind of normalize these things. We say, okay, who wants to be, who wants to be a doctor, who wants to be a nurse, who wants to be a dentist? And, we go in and we have them dress up in white coats and they meet Native medical students and other Native docs. You know, we just hang out with them. You know what my goal is? To not have someone who's Indigenous and a health professional be unique. I just want it to be normal for these kids. You have a five-year old on the Yakima Nation reservation who wants to be a pediatric neurosurgeon. Why is that something that is notable? Why is that something that isn't just, you know, something that we can support and something that that child thinks that they can attain. So, really that's what our Center, and many other like Centers, that's what we do. We focus on pathway programs to health professional careers. We start very early in life to, you know, not only foster love of learning, but again, normalize the experience of being a health professional and while keeping your indigeneity. We have specific supports for students who are actively applying to medical school because, again, you know, there may not be, they may not know any Indigenous physicians, there might, may not be any Native docs within their home communities. I personally was 28-years old before I met my first indigenous physician. So, you know, so we provide that mentorship, we provide that guidance that, say another, say middle class population has normalized because for a middle class family, so say my children, my children know tons of Native doctors, they know tons of Native medical students. It's normal for these folks to come over and just be normal. It's normal for us to see them at cultural events. But, for some of these kids, especially in rural areas of the country, that is something that is experience they don't have. So, we try to provide that mentorship for them. Once they do matriculate to any of our medical schools really, we foster a sense of community between the students so that they are able to not only get that cultural and spiritual support, but also support as they're tackling the medical curriculum. And then, we have other supports for those medical students who stay on for residencies, fellowships. And, we have supports for Native faculty here so they can help us do wraparound work and continue this this sense of community building.



Sege: Jason, that is such a terrific story. I love that you start with 5-year olds and go through high school and college and medical school and thinking about the Hope Building Blocks.

Floyd: I'm also seeing right where because you're engaging with these children through play, you're really bringing in that Building Block of emotional growth where children are really able to learn through regulation, through play with their peers and with adults who care about them and who see them, and really giving them that sense of engagement by actually being able to see people that are engaging in these cultural activities and who are physicians.

Deen: Yeah, we're trying. I know, I'm kind of, you know, this is a shared sense that all pediatricians kind of have. But, but you know, it's as young, as young an age as possible. Any sort of connection is going to be really wonderful. I'm a big fan of Reach Out and Read that is a book distribution program based on pediatric primary care offices that provides developmentally appropriate books as young as infancy. I mean, you know, that we need to have more children's books that talks about being health professionals, that normalizes these sorts of things so that, you know, the parents can talk to them, talk, you know, read these books to the kids, and they grow up never knowing that this wasn't normal, that they grow up saying, okay, well, this is, I remember that book that was read to me when I was a toddler, and, you know, of course I can do this. And, then they go to their schools. You know, our team shows up, we dress them in white coats, we look through microscopes with them, we joke around and laugh with them. Then, they see us at Canoe Journey. I mean, it's kind of this wraparound thing that we're trying to normalize.

Floyd: And, I can see that translating to so many other professions where representation can be so helpful, with children feeling engaged and feeling seen, I think.

Sege: And we'll talk about it. But, I think even for non-Indigenous people, when you ask kids what they do after school or what they did last weekend or what adults watch out for them and who their friends are, just being aware there's this whole cultural life out there that means so much to kids, can be really important. And, I think one of my joys in being a pediatrician, and I realize all three of us are pediatricians today, but one of my joys is learning about all the different ways that people live their lives and all their connections and, being supportive of kids, whatever, whether you're a doctor or a home visitor or a preschool teacher, school teacher, all those things, just being aware of the bigger world in which the kids we interact with live in can be so important.

Deen: Yeah, that's a very important thing, especially in regards to how connected they are to their culture. I would say that there are going to be a significant amount of Native kids who don't have those opportunities that are removed from their culture. And, those sorts of things work through the Association of American Indian Physicians has shown us that loss of culture are probably indigenous specific, adverse childhood experience and those sorts of things. So, again, just creating a safe space for these kids and, you know, coming to those interactions, and really kind of giving them room to talk, asking them dedicated things, and then just, you know, it's giving them space to get to know you.

Floyd: All right, Jason, thank you so much, for joining us on today's HOPEful Conversation. We'll be back next week with part two of our conversation with Dr. Jason Dean.

Deen: Appreciate the time.



Sege: Thank you so much, Jason. I've learned so much. The HOPEful Conversations about Child Development podcast was produced by Kris Markman and Patricia Reyes at the Tufts Clinical and Translational Science Institute. Funding for this podcast was provided by the Freedom Together Foundation. For more information, a transcript, and resources related to today's HOPEful conversation, please visit us at positiveexperience.org or follow us on LinkedIn.