

Episode 8: Empowering Indigenous Youth with Cultural Humility and Mentorship: Featuring Dr. Jason Deen

Podcast transcript

“These indigenous communities will endure. They are flexible, they are strong communities, they are focused on relationships, and they are focused on enduring together... it just shows a sense of belonging and it teaches the kids that we all take care of each other.”. -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. This week on the HOPEful Conversations podcast, we're back talking to Dr. Jason Dean, pediatrician and professor of pediatrics at the University of Washington and founder of the University of Washington Center for Indigenous Health. Jason, welcome back to HOPEful Conversations.

Jason Deen: Hello relatives. Thank you for having me.

Floyd: Last week, we talked about unique ways that Indigenous families provide positive childhood experiences. And, you shared a little bit with us about your work at the Center for Indigenous Health and through the American Association of Indian Physicians. Today, I want to pick up our conversation with talking about opportunities that non-Indigenous folks who work with Indigenous children have to practice cultural humility to meet children where they are. Since many Indigenous people live in urban centers where their identity and culture might not be as known to providers, educators and the like, what should these folks working with Native children know or focus on most to honor Indigenous culture?

Deen: Yeah, that's a wonderful question. In the ideal world, we would have enough Black and Brown doctors to take care of Black and Brown communities. But, that's not really currently feasible, in the short term. So, we do need strong allies that are working with Native communities that can create some sense of safety for them. Here at the University of Washington, we have an under-resourced pathway called the Indian Health Pathway. It's been active since the early 90s really. It targets Native and non-Native medical students who are destined to work with Indigenous communities. And, we really kind of teach them, you know, what to expect and how to approach these folks. It's the basis of what needs to be understood is the history of colonization, the history of ongoing historical trauma, the history of bias that some of these communities, that many Native communities have endured. It's also worth knowing the relationship between Indigenous communities and the federal government. The federal government through treaties and such, really has a trust responsibility to provide care to



Indigenous communities. So that's, it's worth knowing a little bit about the basics of, of how that care is delivered to Native communities.

And, you know, there also needs to be, you know, a curiosity there. It is okay to ask folks what we do in that in our Indian Health Pathway course is we teach physicians to do a spiritual review of systems. As you all know, review of systems is a general set of questions in order to delve into symptomatology, psychosocial status, those sorts of things that we employ when we see patients, particularly new patients. So, these things can be employed if you're seeing an Indigenous family for the first time. You know, where do they live, what cultural practices do they participate in? You know, are they a powwow dancer? Do they know their native language? Those sorts of things? I mean, those are all things that you can ask a family.

A big part of that is the acknowledgement that some families will be using an allopathic or an osteopathic doctor, as maybe a secondary form of healthcare. And, maybe they get their primary form of healthcare from an Indigenous, traditional practitioner. So, that's something. That's also something that you could, you should consider asking and really kind of giving. It's okay not to know these things. I mentioned last week that a lot of these cultural practices are tied to time and place, season and place. So, it depends on where you are in the country as far as, you know, specifically specific cultural practices, specific things that you may be asking them. So, for instance, when I do an outreach clinic in Anchorage, Alaska, the majority of patients that I see up there are Indigenous, so I always ask them if it's, you know, I try not to schedule them around berry picking season because I know that they're going to be busy. You know, I asked them about how fishing went this year. I asked them about these things that are specific to that area. Now, I am not Alaska Native, so I needed to learn these things myself. So, I mean, I did this by asking what's important and what I should know. So, that's kind of an important thing to do.

Sege: Jason, I love that you highlighted the idea of cultural curiosity, because, as a descendant of the Blackfeet nation, you are not Anupiat. And, I think for people who are non-Indigenous, that same sense of cultural curiosity just goes a really long way.

Floyd: And, acknowledging that learning process is continuous, I think is the other piece that I heard come out, from your explanation of cultural curiosity and that humility to recognize that we're not going to know everything. And, with each patient and each person that we meet, we're going to learn something different. And, it really creates this kind of rich tapestry of really understanding what the environment is for each patient and family that we engage with.

Sege: Right.

Deen: Yeah. There are 570 something federally recognized tribes in the United States. There are over 280 state recognized tribes. So, you know, in practice, that's over 800 different cultural practices, ways of doing those sorts of things. And, even within tribes themselves, they may have different practices based on what band or family unit they're in. So it's always worth asking, it's always worth being curious. It's always worth, you know, sitting down and letting them, letting them talk. That's another kind of trick when you're approaching these families is sometimes silence. For a lot of Native communities, a lot of Native families and patients, silence is not uncomfortable for them. So, you really have to kind of lean into those spaces.

Floyd: And, I think as I hear the number of tribes and bands that are possible, I think for some folks it can feel intimid[ating]. But, the idea that we can use this as a way, really, to continue to be curious and learn from and with our families, really makes it less of a scary experience. Kind of the way, Bob, that

we think about approaching things from the positive childhood experiences really allows people to tap in a way that feels sustainable and feels doable for individuals as well.

Deen: Yeah. I am not from Seattle, Washington. I've been here for a long time now because I did some of my fellowship training here, and I've been a faculty member since I finished my training. So, I was very uninformed about the patients that I was taking care of, about the Native families that I was caring for. So, you know, it's about participating in community events, it's about getting out to the communities. It's about asking folks, talking to elders, those sorts of things, just being comfortable with not knowing everything.

Sege: So, I'm hearing, and you're talking a real openness to finding out from people instead of saying, I know. you're this and that, and therefore you believe that and this and do that practice and you're more often than not off base. If I could, I want to switch the topic a little bit because you mentioned, and we all know that Indigenous culture has a long history of being suppressed and appropriated in the Americas. Where have you seen healing, strength and resilience?

Deen: Yeah, that is a defraud [fraught] topic. Because, not only has there been ongoing historical trauma, current systemic racism, but we're seeing the repercussions of these things currently. A lot of what we are hearing when we talk to community members is a concern about their children in the community, how best to support them. For example, we all know that, diabetes is pretty rampant within Indian country. I, also work with the Strong Heart Study, which is a large epidemiologic study of cardiovascular disease in American Indians. All the, you know, study participants and elders that we work with in our participating communities know what's going on. But, what they really kind of focus on when we talk to them is the health of the children and those sorts of things.

So, you know, it's really all about giving Native youth a sense of identity. Identity not only within their culture, but within their community. And identity within the larger scope of the U.S. Society. And it's really about. It's really about empowering them. So that's kind of what we have, you know, shifted in with our research and those sorts of things. Coming up with measures of resilience that will help those children lead healthier lives, make healthier choices. Consider, you know, being kind of useful members of not only their own communities, but the larger, community as well. I mean, that's really what a lot of Native communities are really are really focused on. How do we support youth?

Sege: I just want to pick up on something you just said. Because, I think that there's a particular problem. Because in the 20th century, a lot of Native people, for a variety of reasons, moved to the cities. Away from their people and from their cultural traditions. So, what happens when you in an urban area where you're away from your own tribe. And, even if there are other Native people, they could be members of one of the other 567 recognized nations. And, how do providers, whether we're preschool teachers or doctors or whatever, really, both acknowledge the person's tribal background, but also not make assumptions about it and help them connect to something that's authentic for them in a community that's really far distant from their own people?

Deen: Yeah, that's a big issue that I see with some of the kids that I care for here in Seattle. The relocation program from reservations to major urban center in the United States was part of an assimilatory federal program. A lot of these communities were encouraged to move to big urban areas from their reservations. They were given incentives to do so. But, what it did is it really removed them from that time and place that we've kind of been talking about, removed them from those cultural activities that not only help the individual, but help the community move forward as a unit. So many of these communities still have a lot of Native folks, today. Minneapolis, Seattle, Denver, Colorado, Phoenix, Arizona. I mean, there are large populations of urban.



Now urban Indians that maybe grew up grew up in these cities, Oakland, California. I mean, you can. You can kind of. There's a large list of these things. So, you know, it's important that when you're possibly asking about these things that you recognize some of these kids, they won't have a sense of their cultural time and place because they've been removed from their ancestral homelands. They may yearn to learn more. Their parents may not have known things, or their parents may not have felt safe because of racism that they themselves experienced with teaching their kids their language, their cultural practices, those sorts of things. So, it's important to kind of ask. I will say that there has developed in a lot of urban Pan-Indigenous or Pan Indian identity. So, you know, so that's something important to kind of foster. Whether it's going to the American Indian Community Center in Minneapolis and there they have, round dances and they, you know, do, you know, all sorts of cultural things to give the folks in those urban communities, sense some sense of purpose, some sense of belonging. So, you know, powwows are a good example of this. I mean, there's powwows all across the U.S. now, even up into Alaska. These historically weren't in some of these places, but, you know, but it's a place where the community is created. It's a place where these communities have endured. It's a place for connection. So it's about asking really not assuming that. That every Native kid that you're going to see is, you know, is connected to their culture and just acknowledging that that cultural loss may be something that's traumatic for them.

Sege: Jason, that's so wonderful because it's an example of how our cultures evolve, that we understand what children need and the ability to both honor the tradition, but also in the new reality that we live in. So, that there are multi-tribal communities and pan-tribal things and customs from the lower 48 [U.S. states] that are taken up in Alaska. And, it's such a dynamic world in which we live now. But, I think what you're talking about is that parents and communities understand the need that children have for connection and engagement, for safe environments, for relationships with elders. All of those fundamental needs that we all know about. And, how inspiring to hear how people have taken care of the next generation and doing their best to keep it going.

Deen: Yeah, these indigenous communities will endure. They are flexible, they are strong communities, they are focused on relationships, and they are focused on enduring together. So, I think you brought up a really, really important point of getting elders in the same room with the kids. Not only to pass on teachings, but to maybe talk about cultural things and just, you know, it just shows a sense of belonging and it teaches the kids that we all take care of each other.

Floyd: It also seems to underscore that concept of community health that you brought up last week, really, that the elders are really focused on how to cultivate an environment where the health of all of us is held up by the health of the individual and vice versa. And, really how the elders are really focused on how can we help our young people make good health decisions, how can we help our young people reach their full potential? And, I think what I'm also hearing is this is a multi-generational approach that's taken in these urban centers where adults that might have that same cultural loss that feels traumatic can also be served here along with their children.

Sege: Right, right.

Deen: Again, sense of belonging, sense of, sense of purpose, it really fosters that kind of self esteem that a lot of Native youth needs.

Floyd: And so, Jason, you shared some really interesting ways to assess for positive childhood experiences in our conversations with Indigenous children and families. And, from what you've shared, it sounds like the activities that kids do with their families, elders, and tribal communities build and strengthen relationships really for everyone involved. What else would you want us to know in our

audience to know about promoting those positive childhood experiences for Native children and families?

Deen: I think you touched on a main point is these sort of relationships, these sort of, whether it's a mentoring relationship or something like that, it has benefits for everyone. It has benefits for the child. It has benefits for the older person. It has benefits for the surrounding community when they see that sort of kind of loving, supportive relationship. I mean, it's important to kind of focus on this. You know, I do quite a bit of mentoring within our spheres here. This is some of the most rewarding work that I think that I'll ever do. We have a traditional blanket ceremony as part of our graduation for our Native students and non-Native allies at the University of Washington. I always get so emotional just to see, you know, the kids that I met maybe as a pre medical student and now they're, you know, getting their MDs and it's just something is so fulfilling for me.

I think that's really how we can kind of counteract the barriers of adversity, the low educational attainment numbers, the adverse social drivers of health, the ongoing systemic racism that is pervasive for many Black and Brown communities in the United States. We can do so by lifting children up, by showing them, you know, even though, say I myself as a first generation college graduate in my family had to do all these things and figure out all these things along the way, I myself can make things easier for children who, you know, who have that potential. And, it's through that potential that it's been the most rewarding part of my career is helping younger folks really manifest that potential.

Sege: I really want to thank you so much Jason and, Baraka, for introducing us to Dr. Dean. I want to summarize a few of the things we've learned in these two sessions. First of all, cultural knowledge can be a protective factor. And, we talked about the Building Blocks of HOPE, engagement, relationships, environment, and all of those are really influenced by feeling that we're part of a culture, that our culture is valuable, that we're in a safe place to express it. We can make relationships with other people, whether they're elders or leaders or just other kids who understand where we come from. What an important insight to make. And, I think that you also mentioned in passing that suppression of culture, on the other hand, is an adverse childhood experience. And unfortunately, Indigenous Americans in the 20th century really had dramatic examples of purposeful suppression of culture. And, we saw how much, how much that damaged people's health. And happily, communities are starting to recover, but it's a long road and a long period of suppression.

You also are doing a wonderful job in reaching out to American Indians, Alaska Natives, to have them become doctors. Although there are, depending on how you count, between 3 and 8% of the U.S. population, are Native people, less than 1% maybe less than half a percent are in the healthcare fields. I think many of our listeners are going to be taking care of kids who are from a different culture that they're from. But, just that act of investing in and seeing and understanding a young person can totally change their life. And, look what a leader you've become and how you're inspiring other young people, to improve their education, to think about health professions, think about things that aren't common in their community just because some individual provider took an interest in you.

And the final thing is we talked a lot about cultural curiosity that people have, their own cultural ways of healing, their own languages, whether it's literally a language or a way we talk about our bodies and all of those things. And you did such a nice job talking about how none of us are expert in another person's culture. And, you mentioned particularly relevant to yourself that there are, I think, 567 recognized tribes. So even as a, descendant of the Blackfeet nation, you can't know everything about everybody. And, that kind of cultural curiosity is something that all of us who care for children can have. This has been entirely inspiring. I really enjoyed having met you, and thank you very much for joining us in these two HOPEful conversations.



Deen: I want to say mucho new Cherokee Thank you for having me. And yeah, hopefully we'll have more conversations in the future.

Floyd: Thanks so much for joining us, Jason.

Sege: 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.