

Responsibility to All Relations: Indigenous Evaluation of an AI/AN Public Health Workforce Development Program

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Abstract: *Aligning with the Western Door – Do Good Work, this article presents an evaluation of Urban Indian Health Institute’s Public Health Training Program (PHTP) by applying their Indigenous Evaluation Framework. The framework was created by and for urban Indigenous communities to conduct evaluation in a culturally rigorous way by reclaiming data for the well-being of the community, staying grounded in cultural knowledge systems, and utilizing Western science when needed. This article focuses on how the framework was applied to evaluate the PHTP’s effectiveness in strengthening the urban American Indian/Alaska Native (AI/AN) public health workforce. Findings contribute to the evidence base for culturally attuned approaches for improving the AI/AN workforce development in public health. The article makes the following recommendations for AI/AN workforce development programs: co-create training spaces with AI/AN communities, intentionally recruit and support AI/AN mentors, and use flexible workforce development frameworks that honour diverse pathways and definitions of success.*

Keywords: *community, decolonization of data, Indigenous evaluation, urban Indian organization, urban Native*

Résumé : *S’inscrivant dans le cadre de l’approche de la Porte de l’Ouest — Bon travail, le présent article présente une évaluation du Public Health Training Program (PHTP) (programme de formation en santé publique) de l’Urban Indian Health Institute (UIHI), effectuée par l’intermédiaire de son programme-cadre en évaluation autochtone. Ce programme-cadre a été créé par et pour les communautés autochtones urbaines pour leur permettre de mener des évaluations d’une manière culturellement rigoureuse en récupérant des données pour le bien-être de la communauté, en restant ancrés dans leurs systèmes de connaissances culturelles et en utilisant la science occidentale au besoin. L’article traite de la manière dont le programme-cadre a été appliqué pour évaluer l’efficacité du PHTP dans le perfectionnement du personnel en santé publique des Autochtones*

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d'Amérique/de l'Alaska (AA/A) en milieu urbain. Les résultats contribuent au corpus de données probantes sous-tendant des approches culturellement adaptées à l'amélioration des compétences de la main-d'œuvre AA/A dans le domaine de la santé publique. L'article formule les recommandations suivantes à l'intention des programmes de perfectionnement de la main-d'œuvre autochtone : créer des espaces de formation en collaboration avec les communautés autochtones, recruter et soutenir intentionnellement des mentors autochtones et utiliser des cadres de perfectionnement de la main-d'œuvre souples qui tiennent compte de divers cheminements et de différentes définitions de la réussite.

Mots clés : *autochtone urbain, communauté, décolonisation des données, évaluation autochtone, organisation autochtone urbaine*

BACKGROUND

The Seattle Indian Health Board (SIHB) is a Federally Qualified Health Center that provides health and human services to its patients, who are referred to as Relatives. SIHB specializes in the care of Native people and is recognized as a leader in health improvements for urban American Indian/Alaska Natives (AI/ANs) locally and nationally (Adair, 2024; Bykova, 2021; King County, 2024).

SIHB opened its doors to the community in 1970. In the 1960s, Native activists refused to let urban Indians go unseen and ignored any longer, which inspired the formation of several Native organizations, including SIHB. Today, SIHB operates four clinical sites in the greater Seattle area (International District, Pioneer Square, Lake City, and a mobile clinic) and is preparing to open one more site. In 2015, SIHB leadership took steps to expand on the organization's rich history in advocacy, data, research, workforce development, and health and human services. By harnessing the Indigenous knowledge that already existed within the organization and identifying the areas that needed growth, SIHB developed an organizational model placing Traditional Medicine at the centre of everything it does. SIHB calls this model the Indigenous Knowledge Informed Systems of Care (Indigiknow; available at <https://www.sihb.org/about/indigenous-knowledge-informed-systems-of-care/>; Figure 1).

At SIHB, Indigenous knowledge is foundational to cultivating an environment centred on tradition that empowers the community to walk in a culture of wellness.

Through IndigiKnow, SIHB

- 1 **integrates health and human services, including** primary care, behavioural health, dental and human services, and Traditional Medicine.
- 2 **trains** the next generation of the Indigenous health workforce.
- 3 **decolonizes** research, epidemiology, and data using Indigenous methodologies.
- 4 **advocates** for the health of urban-dwelling AI/ANs.

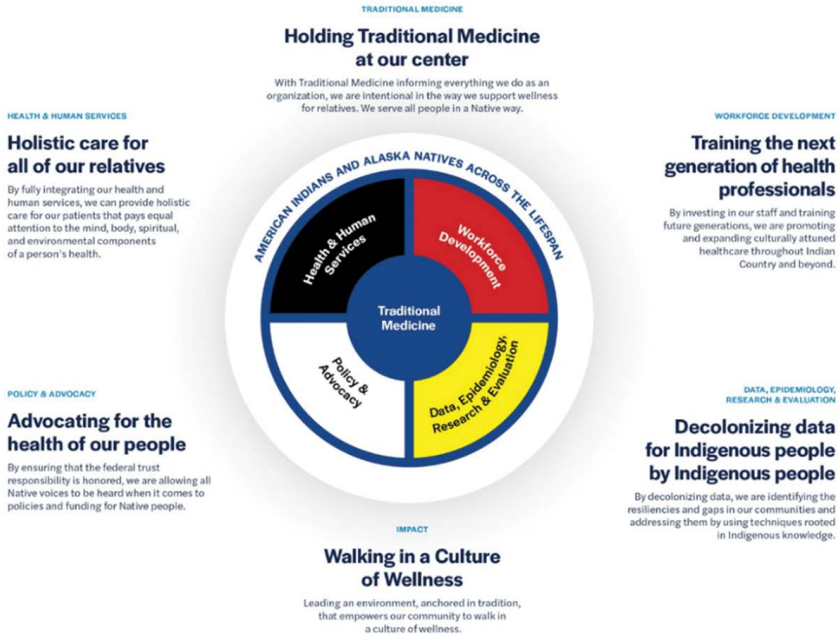


Figure 1. Indigenous Knowledge Informed Systems of Care

Urban Indian Health Institute (UIHI), the public health division of SIHB, is a public health authority and one of 12 Tribal Epidemiology Centers (TECs) in the United States. The mission of UIHI is to decolonize data for Indigenous people by Indigenous people. The mission is achieved by strengthening the health of urban AI/AN communities through research and evaluation, data collection and analysis, and public health disease surveillance. UIHI is the only TEC with a national scope primarily serving the Urban Indian Health Network, a nationwide network of urban Indian health and social service programs. At UIHI, research, data, and evaluation are recognized as an assertion of Indigenous values and sovereignty (Locklear et al., 2023). Evaluation is conducted in a culturally rigorous way by reclaiming data for the well-being of the community, staying grounded in cultural knowledge systems, and supplementing with Western science, when needed (Echo-Hawk, n.d.; Waapalaneexkweew & Dodge-Francis, 2018).

UIHI'S PUBLIC HEALTH TRAINING PROGRAM

One of the core Indigenous values upheld at UIHI is living for Seven Generations: the three generations that came before, the current generation, and the three generations that will follow. This includes youth whose talents UIHI nurtures through its unique program, the Public Health Training Program (PHTP). The program aims to grow the next generation of AI/AN public health leadership.

Succeeding in this goal is a vital part of UIHI's responsibility to build health and wellness from the strengths and solutions in the community. The program embraces the IndigiKnow model's focus on achieving impact through both (a) workforce development and (b) epidemiology, research, and evaluation. Through programs like this, UIHI honours its obligation to Elders and past leaders by sharing knowledge with the next generation.

Instead of employing the more common approach of the pipeline method for workforce development, UIHI practices the irrigation system model (James et al., 2012). This model emerged as a response to the deficit-based concept of the "leaky pipeline" (Clark Blickenstaff, 2005), referring to educational and professional attrition among underrepresented people (Greska, 2023; Grogan, 2019). This has a negative connotation and implies those who "leak" from the linear career pathway have failed. However, many students seek education and career milestones in segments rather than moving continuously through the pipeline. Understanding why underrepresented students switch or pause their educational and professional pathways is important.

The irrigation system model expands the definition of success by rejecting the notion that departures from the pipeline are "failures." Instead, it adopts the belief that non-linear entries, departures, and returns to educational training, home communities, and professional careers are helpful in infusing community networks with skills and relationships acquired from each unique setting (James et al., 2012). This demonstrates why this shift is important, with sharing students often reporting feeling they "need a break from the pressures of school to apply what they've learned to addressing community priorities, as well as to reassess personal priorities and refocus career goals" (James et al., 2012, p. 3).

The evaluation of the PHTP is also grounded in an understanding of careers as journeys. This approach to career support is aligned with the irrigation system model and is illustrated in Figure 2.

The PHTP supports the professional and community-driven development of the next generation of public health leadership by providing resources to explore a range of topics in the areas of Indigenous evaluation, research and surveillance, and public health services. The PHTP was first offered at the UIHI in 2014, and the program has been evaluated since 2019. This article highlights a cumulative 5-year program evaluation completed in July 2024. It includes data collected from

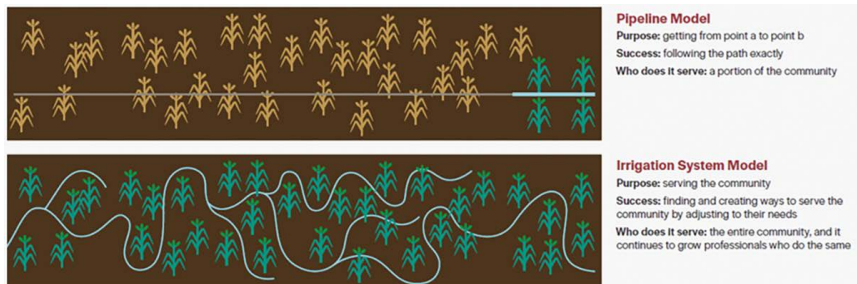


Figure 2. A comparison between the pipeline and the irrigation system model

24 trainees participating in the program from 2019 to 2023. The program was offered and evaluated in 2024 but is not included in this article.

The PHTP is composed of three trainee types, including youth interns who are currently in high school or recently graduated, public health interns who are current undergraduate and graduate students, and fellows who are postgraduate and post-baccalaureate students. Individuals who are 18 years or older and self-identify as AI/AN are eligible to apply. The program is delivered in person in Seattle, Washington. Applicants who are accepted into the program are paid for their work.

Over a 10-week period, trainees work with UIHI leadership, epidemiologists, evaluators, program managers, and program associates. Trainees may also be exposed to nursing, medical, environmental health, and nutrition and food system careers through their experiences with interdepartmental and partner organizations. During their time at UIHI, trainees participate in decolonizing data training and are assigned projects based on their interests and the needs of SIHB Relatives.

METHODS AND MATERIALS

Evaluation framework

All evaluation activities were guided by UIHI's Indigenous Evaluation Framework (IEF).² The framework (available at <https://utppublishing.com/doi/full/10.3138/cjpe.75518>) was created in collaboration with 18 urban Indian organizations to explicitly include and empower urban Indigenous communities to reclaim their narratives. This framework is centred on four core values, illustrated in Figure 3 (Locklear et al., 2023).

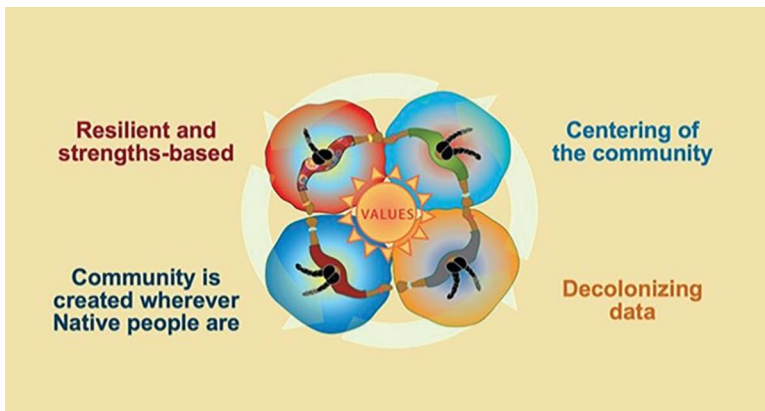


Figure 3. Four core values of Urban Indian Health Institute's Indigenous Evaluation Framework

Source: Urban Indian Health Institute, n.d.

Note. This figure represents the connection to accountability, responsibility, and Indigenous knowledge systems. The four women are linked to exemplify the interconnection of the values. Their skirts are touching the earth where healing starts, and they are rooted in joy.

Table 1. Data sources

1. BIOGRAPHY

Trainees complete a biography upon entering the program. It includes information about their tribal affiliation, education, hometown, research interests, career aspirations, and goals.

2. PRE- AND POST-SURVEY

Pre- and post-surveys at Weeks 1 and 10 are used to collect baseline and end-of-program data related to trainees' personal, educational, and professional goals, cultural identities, definitions of public health, and research interests and areas of growth.

3. ARTWORK AND ARTWORK STATEMENT

By the 10th week of the program, trainees submit an original artwork telling the story of the growth they experienced at Urban Indian Health Institute (UIHI). Trainees are instructed to create an art piece that reflects their time at UIHI and what they learned. Art is defined broadly to honour diverse forms of cultural and creative expression. It can be beading, drawing, poetry, spoken word, crochet, collage, written reflection, pottery, rap, etc. Trainees also submit a 250-word caption to accompany the artwork, providing context for their piece. This approach draws from best practices in arts-based evaluation, which recognizes creative expression as a valid and powerful way to highlight insights, emotions, and narratives that may not emerge through other methods (Hammond, 2018; Leavy, 2020; Motta-Ochoa et al., 2024). Arts-based methods are well suited to Indigenous evaluation contexts, where storytelling, symbolism, and cultural practices are integral to meaning-making (Kovach, 2021). By inviting trainees to reflect through art, the program centres Indigenous ways of knowing (Smith, 2021) and supports a culturally resonant understanding of impact.

4. END-OF-TRAINING PRESENTATION

During Week 10 of the program, trainees deliver a final presentation of their experience with UIHI staff, friends, and family. The presentations are flexible in format and content, but trainees are encouraged to explore the following topics: projects completed, events attended, key takeaways, examples of personal and professional growth, future plans, and goals.

5. TRAINEE STORIES

Following the program, alumni are invited to participate in an interview with UIHI evaluators. The purpose of Trainee Stories is to learn about strengths and opportunities for improving the program. The interview guide is organized around two main questions: (a) How can UIHI improve and expand the Public Health Training Program? and (b) How have the career journeys of alumni evolved over time?

Evaluation questions

The following questions guided this evaluation:

- 1 How has the PHTP helped trainees achieve their personal, educational, and career goals?
- 2 What did trainees enjoy the most, and how can UIHI improve the PHTP for future participants?

Data sources

Between 2019 and 2023, five evaluation activities grounded in UIHI's IEF were used to explore the evaluation questions and are described in [Table 1](#). However, not every trainee is engaged in every evaluation activity. [Table 2](#) provides information on the number of completed evaluation activities per evaluation activity type.

Data analysis

A hybrid analysis approach was utilized by two evaluators, including deductive and inductive methods. Analysis began with deductive coding, whereby the evaluation indicators (see [Table 3](#)) served as the set of pre-existing codes. Excerpts from the data sources were sorted into these codes. Simultaneously, evaluators assigned descriptors to the excerpts and recorded notes about what made the excerpts similar and different from each other and the frequency of repeated ideas. If an excerpt could not be sorted with an existing code, an evaluator created a new code.

Evaluators then sorted the different codes into themes and collated all the relevant extracts within the identified themes. Afterwards, evaluators repeated the analysis to cross-check the derived codes and themes. Evaluators proceeded to identify the “story” that each theme tells and considered how it fit into the broader overall “story” told about the data set, in relation to the evaluation

Table 2. Number of evaluation activities completed per evaluation activity type

Biography: 16

Pre-survey: 7

Post-survey: 6

Artwork and artwork statement: 21

End-of-training presentation: 11

Trainee story: 3

Table 3. Public Health Training Program evaluation plan overview

Evaluation Question	Indicators	Data Source(s)
1. How has the Public Health Training Program helped trainees achieve their personal, educational, and career goals?	Baseline career and educational goals	Biography Pre-survey
	Baseline Public Health Trainee Program goals	Biography Pre-survey
	Perceived advancement towards achieving career, educational, and program goals	Artwork and artwork statement End-of-training presentation Trainee story
	Perceived soft skills growth	End-of-training presentation Post-survey
	Cultivated perspectives, belief systems, and personal goals	Artwork and artwork statement Post-survey
2. What did trainees enjoy the most, and how can Urban Indian Health Institute's (UIHI) improve the Public Health Training Program for future participants?	Key takeaways	Artwork and artwork statement End-of-training presentation Trainee story
	Perceived positive components of UIHI's Public Health Training Program	End-of-training presentation Post-survey Trainee story
	Perceived opportunities for improvement of UIHI's Public Health Training Program	Post-survey Trainee story

questions. The results derived from this process are presented in the following section and discussed in the concluding section.

FINDINGS

Program reach

Twenty-four trainees participated in the PHTP from 2019 to 2023. Two of the three trainee types, Public Health Interns and Fellows, participated in the program within this period and are included in the 5-year cumulative evaluation. [Table 4](#) provides an overview of the number and type of trainees who participated in the PHTP over the 5-year period.

While this article highlights the program evaluation from a 5-year period covering 2019–2023 (as discussed earlier), it is important to note that UIHI has implemented a robust public health workforce development program since 2014.

Table 4. Number and type of trainees participating from 2019 to 2023

Year	Trainee Type	Number of Trainees
2019	Public Health TraineeFellow	40
2020	Public Health TraineeFellow	42
2021	Public Health TraineeFellow	13
2022	Public Health TraineeFellow	51
2023	Public Health TraineeFellow	40
Total		24

Table 5. Public Health Training Program at UIHI by the numbers: 2014–2024

Number of Public Health Training Program applicants: 643

Number of Public Health Training Program Trainees: 75

Number of years we have implemented program evaluation: 5

Number of Trainees who have worked or are currently working at SIHB/UIHI: 8

Number of Trainees who continued graduate-level student project work with UIHI: 7

Note. UIHI = Urban Indian Health Institute; SIHB = Seattle Indian Health Board.

Table 5 presents a summary of UIHI's PHTP reach from 2014 to 2024, highlighting the long-standing commitment to training and supporting the next generation of public health professionals.

What motivates trainees to pursue public health?

A finding from the PHTP evaluation included three motivating factors for why trainees wish to pursue public health careers. Evaluators identified trainees' commitment to community responsibilities as an important motivating factor. The second factor is trainees' commitment to service to the community and their sense of duty to address health care disparities. The third motivating factor is the trainees' sense of responsibility to set a good example, be a mentor, and establish pathways for future generations.

Commitment to the collective

Trainees enter the PHTP with a strong desire to contribute to the collective health and wellness of their home communities. Trainees describe how, through their cultural upbringings, they internalize a deep feeling of responsibility, accountability, and commitment to the collective, or as one trainee put it, "a [feeling of] responsibility to all my relations." Another trainee added, "In our Indigenous culture we tend to prioritize the greater good of the people over almost everything." Young people joining the program view public health as not only a career path

but also a community role that allows them to “honour and fulfill the responsibilities [they] hold to [their] Relatives (both human and non-human).”

Trainees tell stories of how their value systems and behaviours are learned from their families. One trainee explained how their grandmother routinely fed and housed community members on their home reservation and how they viewed this behaviour as an early example of public health. Other trainees draw direct comparisons between the goals of public health and the roles or responsibilities they are assigned to and learn from their cultural upbringings, such as being a mother or a teacher, checking in with Elders, and helping the youth.

Service to the community

Overall, trainees’ personal, educational and career goals are related to the overarching value of service to the community. Service looks different for everyone. Some envision themselves becoming direct providers and public health advocates, while others aspire more generally to be healers who support the holistic health, strength, and cultural practices of AI/AN people.

Related to the desire to serve is trainees’ drive to address health care disparities observed between AI/AN people and the dominant populations. Trainees understand deeply the ways their communities experience health disparities linked to public policy, institutional practices, and social and economic structures. For example, some trainees recognize how the uneven distribution of resources and failures to communicate information led to massive losses of life amongst their communities during the COVID-19 pandemic. One trainee “witness[ed] her people losing family members during the pandemic.” She recognized the deaths were avoidable and attributed them to “shortages of supplies, caregivers, dissemination of information, and warning[s].” She added that “the segregation and inequality were so apparent during that time of the pandemic.” Concerned about the prevalence of health disparities, trainees feel it is their responsibility to reclaim healthy lifestyles and eliminate health disparities for their families, communities, and future generations.

Being a role model

Trainees want to be role models and play a part in the positive development of young people in their families and community. They hope to inspire “all the little rez kids back home” to lead ambitious lives. Not only do trainees want to support young peoples’ goals, but they also want to build opportunities to facilitate their realization. This might look like becoming the first AI/AN physician in a rural location or creating a research lab on their home reservation “to give opportunities to other students who have similar interest[s], goal[s], [and] aspirations”:

Being the oldest girl within [my] family, [I] had to be a role model for my younger siblings. [Being a role model allows me to] be able to uphold the teachings I was taught . . . [it is] my responsibility in that aspect but also ties into my role as a community member as well.

I just want to inspire them and show them they can do whatever they want. They don't have to [be] limited to anything.

How the public health training program helps trainees achieve their personal, educational, and career goals

Participation in the PHTP helps trainees thrive in an urban environment, be their authentic selves in the workplace, and improve their communication, research, evaluation, and computer skills. The program provides opportunities for trainees to discover their “public health niche” while receiving mentorship from professionals who share and celebrate AI/AN cultural identity. These experiences are life-changing and help trainees feel inspired, safe and motivated to thrive in public health careers and reclaim Indigenous perspectives throughout their journeys.

Support in an unfamiliar environment

Non-urban trainees share how the program helped them acclimate to an urban environment for the first time. Examples include learning how to orient oneself and navigate a city, utilizing public transportation, and becoming engaged in social events. The interpersonal support trainees gain through the program helps them feel less homesick, which in turn helps them to be present in their new environment and embrace opportunities for growth. One trainee described herself as an apprehensive, shy, and unsure AI/AN woman “fresh off the rez” upon arriving in Seattle and the University of Washington. However, after participating in the PHTP, she feels “confident” in herself and “determined” to continue thriving in an urban centre and her educational pursuits. Several others found the friendships and networks made through the PHTP to be helpful when leaving their family households:

I like to say [the] biggest thing I gained was friendships. . . . This was my first time going away from home after going through something traumatic, leaving home for the first time. And they made it so much easier to be here and to do this internship. I like to say they made it home away from home for me.

Networking and the friendships I made here, they've helped me with the transition of being 12 hours away from my family, which is something I've never done. And so, they made it an easy transition.

Communication skills

Trainees learn practical skills such as how to effectively communicate in a professional workplace, how to recruit focus group participants over the phone, and how to facilitate an interview used for evaluation. Trainees also gain skills in creating informative visuals to assist with the clear and concise communication of public health information. Outreach events, such as powwows, provide yet another opportunity for trainees to improve their communication skills:

[SIHB's Workforce Development Program Director] is not here, but she really stressed the importance of how to talk to people in your community and how impactful you could be. And so, when we did the outreach training, I didn't realize how much that was needed. And I used that a lot in the Seafair Powwow because we want to help our relatives and the best way to do that is to connect with them. So, I felt like that outreach training was amazing and I have so much gratitude towards [SIHB's Workforce Development Program Director].

Research, evaluation, and computer skills

Trainees feel their time at UIHI is valuable in relation to their academic and professional goals because they improve their research, evaluation, and computer skills. For example, trainees learn about survey design and administration while using Qualtrics and REDCap. Others learn how to use Excel to collect and interpret large data sets.

Trainees also advance their software skills when creating data visualizations. One trainee describes their experience with web development and how they helped design, build, and maintain an educational website of a community partner. Another trainee highlighted a project where they learned how to use ArcGIS, a mapping software, to build a map of women's health and family service resources in Seattle, including sites providing childcare, food pantries, washrooms, public showers, and obstetrical and gynecologic clinics. A third trainee worked closely with the Communications team to design social media content to promote the opening of the Pioneer Square clinic. Practice with software applications helps trainees increase their capacity to analyze and visualize data.

As far as improving their evaluation skills, trainees learn how to approach research ethics protocols, conduct literature reviews, interviews, and listening sessions. One trainee highlighted their experience of working with tribal institutional review boards for the first time and learned the importance of developing a research plan, including procedures for informed consent and dissemination of results. Other trainees noticed growth in their ability to translate data to the community as well as an improved understanding of how data informs policy and health care initiatives in Indian Country.

Career exploration

Young people join the PHTP wanting to prepare themselves for a career in public health. The program is a helpful stepping stone to clarifying the career paths trainees might like to pursue and the educational milestones their career goals require. The PHTP exposes trainees to public health professions they might not have known about or considered as options for themselves previously, such as becoming an epidemiologist or a policy analyst:

[B]efore training with UIHI I wanted to get my MPH in community health, but I now want to seek an MPH in Epidemiology. Though I have always wanted to get my MPH and PhD, this internship helped me fine-tune exactly what I want to focus on going

forward in my higher education. Working with and watching UIHI's epidemiologists has been inspiring and fun for me—this experience has influenced me greatly in my decision to apply to MPH in Epidemiology programs. I hope to be in a program within the next few years.

For some trainees, the PHTP influenced a significant change in the focus of their educational and career goals. At times, change in one's vision for the future is related to new realizations about one's talents and interests. After having worked with UIHI, one trainee realized they do not see themselves working in a public health position based in formal sciences and instead homed in on their passion for community-centred evaluation and policy. Another trainee discovered a passion for grant writing during their time at UIHI and by the end of the 10-week program, felt inspired to learn more about the role of grants and contracts in public health work:

I'm looking to add [grant literacy] to my educational endeavours. . . . Grant writing is not something that I thought of doing before, but I feel like coming out of the internship, that's something I'm very interested in. So, I'm very glad to have done that.

The PHTP also inspires trainees to refine their research interests and goals. One trainee attended prenatal strategic meetings and based on the things she learned, she is now looking forward to attending medical school and researching the causes of maternal mortality rates, strategies on how to reduce maternal mortality, and how traditional pregnancy practices impact pregnancy outcomes. The new experiences trainees gain through the program help to confirm and strengthen their interest in public health. One trainee shared the PHTP “bolstered” their “plans to pursue Native public health” and exposed them to “many access points [they] can take to get into the field.” Through hands-on learning and mentorship from diverse public health professionals, experiences at UIHI help make career pathways “just a little bit clearer” for trainees. [Table 6](#) provides examples of the career goal changes trainees experienced during the program.

Applying an Indigenous perspective in the classroom

The PHTP helps trainees achieve their academic goals by inspiring them to apply Indigenous perspectives to their learning environments. Holistic health is one Indigenous perspective trainees are excited to bring into their classrooms. Trainees see SIHB embrace holistic health through integrated care and Traditional Medicine, which is founded on the principle that optimal health and wellness occur when there is balance between the physical, emotional, mental, and spiritual parts of a person (see [SIHB, 2025](#)). Efforts to reframe health in Indigenous terms are growing and challenging Western definitions of health, which strictly focus on physical health and disease symptoms ([Carroll et al., 2022](#); [Peters et al., 2019](#); [Saylor, 2004](#); [Snowshoe et al., 2017](#); [Walls et al., 2022](#)). One trainee spoke

Table 6. Career goal changes

Trainee	Career goal upon entering the Public Health Training Program	How trainees' career goals changed by the end of the Public Health Training Program
Trainee 1	<ol style="list-style-type: none"> 1. Work with and serve community 2. Contribute to language revitalization 	Upon completion of the Public Health Training Program, this trainee feels curious about learning about additional career paths.
Trainee 2	<ol style="list-style-type: none"> 3. Policy 4. Evaluation 5. Work with and be of service to community 6. Address healthcare disparities 	After having worked with UIHI, this trainee realized with more clarity that they do not want to work in a public health position that heavily relies on a hard science background, such as epidemiology, biostatistics, or environmental science. However, their experiences did help strengthen their interests in community-centred evaluation and the ways policy can be used to achieve health equity.
Trainee 3	<ol style="list-style-type: none"> 1. Address healthcare disparities 2. Unsure about career path 3. Contribute to cultural survival and healing 	By the end of the Public Health Training Program, this trainee clarified their interest in becoming a direct provider and still wants to include public health in their educational pursuits.
Trainee 4	<ol style="list-style-type: none"> 1. Research and epidemiology for and by AI/AN 2. Work with rural and urban AI/AN 3. Evaluation 4. Provide culturally attuned training for non-AI/AN audiences 	After completing the Public Health Training Program, this trainee wants to earn an MPH in epidemiology. This person remains passionate about wanting to work for a Native-led and serving organization, such as UIHI or another tribal epidemiology centre or Native health centre.
Trainee 5	<ol style="list-style-type: none"> 1. Address health care disparities 2. Work with and be of service to community 	While completing the Public Health Training Program, this trainee became interested in policy and advocacy, which was inspired by their experiences with the UIHI Policy team.

Note. AI/AN = American Indian/Alaska Native; UIHI = Urban Indian Health Institute.

about how they saw the SIHB approach healing practices, health, and human services from a holistic perspective:

So, to see everyone here doing healthcare in a different way gives me hope . . . it clears a pathway for me . . . [and] you all inspire me to strive for that. The indigenous

values in healthcare and the way that we look at everything in a holistic way. Like the medicine wheel [and] the spiritual, emotional, mental and physical wellbeing of our Relatives.

The trainee explains their intention to adopt this approach when “looking at healthcare and what [they] do and what [they] learn in the next four years or more [of their] school[ing].” Trainees are also excited to apply the concepts of decolonizing data and data sovereignty in their academic and community work. Likewise, trainees report they learned about strengths-based evaluation frameworks for the first time at UIHI, which changed the way they approach writing in university and professional settings:

The work UIHI produces, and share[s] is content that I heavily relied on my first year of graduate school. I was so proud to present to my non-Native classmates about concepts such as the decolonization of data.

What did trainees enjoy the most, and how can UIHI improve the public health training program for future participants?

Embodying Indigenous values in the workplace

Trainees express their appreciation of how UIHI centers Indigenous values in the workplace. Several trainees described Indigenous values essential to the ways they move in the world and understand their place in it. These include service, protection, cultural knowledge keeping, sacrifice, support and nourishment of the people, selflessness, ancestral wisdom and guidance, kinship, and giving back to the community, as well as remembering that traditions are essential to life. Trainees relate these values back to their experiences and describe UIHI as a group whose “dedication,” “care” of the people,” and “approach to health and research” honours these values:

I think a lot of my time here has solidified . . . my morals in life. And even more so keeping my two feet in Indigenous values rooted. And wholeheartedly thinking back to my ancestors and what they were put through and how that has caused . . . not only trauma but also strength.

Table 7 provides examples and how the values relate to trainees’ experiences in the PHTP.

Culture-first workplace

Trainees enjoy the culture-first workplace at UIHI. They describe how their colleagues value the talents of every employee, model teamwork, celebrate accomplishments, and commit to the love of Native people:

One thing that surprised me [was] how good the work environment here feels . . . it’s been so welcoming . . . [and] I think the energy and the effort people put into

Table 7. Indigenous values and how they are reflected throughout the Public Health Training Program

Indigenous Values	Excerpt
Service Protection Cultural Knowledge Keeping	<p>In my Nation’s creation story, Sky Woman fell to Earth onto the back of a turtle. . . . The turtle’s shell grew until it created what is the North American Continent, “Turtle Island . . .” the turtle represents support and protect[ion], as well as knowledge keeping. That is a good representation of UIHI, which serves to protect and support our relatives.</p>
Sacrifice Support and nourishment of the people	<p>Plants teach us how to work together, how to sacrifice for each other, support each other, and nourish each other. And I felt that throughout the summer.</p>
Selflessness Support and nourishment of the people Service	<p>For Cherokee people, we are taught that 4M (se-lu) or Corn Mother was the first woman. She gave up her life to provide for the first Cherokee people and continues to nourish us today. I thought of the dedication of these people and how their work continues to care for our relative[s] just as 4M does for Cherokee people.</p>
Kinship Service Giving back to the community	<p>Growing up, I was taught the core values of kinship and intentionality which place emphasis on loving service—the idea of giving back to community without expecting anything in return. This ideology is further exemplified in the work being done at UIHI as well as through my responsibility to give back to my community as a Pueblo and Navajo community member. The beautiful graphic with the saying “For the Love of Native People” and the text cutout saying “Be a good relative” speak to my core values as an Indigenous person and how we should continue to treat people with kindness and do things with positive intentions.</p>
Support and nourishment of the people Ancestral wisdom and guidance Traditions are essential to life	<p>The way the organization approaches health and research is so valuable to me. I wanted to capture these lessons in the trees—the branches are the network and support I’ve received and where the trees are rooted reflect our ancestors who uplift and guide us. I also wanted to show the sun in this piece, to represent traditions and values of people that are essential, like the sun to life.</p>

Note. UIHI: Urban Indian Health Institute.

the work they do, and it’s truly for the love of Native people . . . we all care about each other as individuals and care about the work that we’re all producing and all of the accolades we see on email for everyone else. It’s really heartwarming to see

everyone just really care about each other. And I don't think I've been a part of a work environment like that. I think that was really surprising to know something like this can exist.

The workplace culture has a positive impact on trainees, such as making them feel comfortable speaking up and exercising their leadership skills. Trainees feel their voices and contributions are genuinely valued. The workplace culture also helps inform trainees' future employment decisions because it models workplace norms they grow to appreciate and prioritize.

Supportive colleagues contribute to a positive workplace environment, welcoming their questions and providing feedback on project deliverables. Likewise, trainees appreciate it when their supervisors make one-on-one check-ins a priority and demonstrate flexibility with the curriculum to ensure trainees can get the most out of their experience:

I also made really meaningful connections with [the Senior Grants Manager], and she made me feel really comfortable and safe, and I knew I could always go to her and ask her questions, and she'd always answer, try to help me out the best that she could.

Feeling a sense of belonging through representation

Trainees share that seeing themselves represented in networking is an important part of any professional's life. It involves meeting new people, learning about new opportunities, and building important relationships. Throughout the program, trainees build important relationships with UIHI leadership, the staff they shadow, and the community partners they meet at site visits. Job shadowing presents a safe space for trainees to build relationships with professionals who look and think like them. One trainee informed his supervisors of his interest in dentistry and was invited to shadow the SIHB's dentists. Under the mentorship of the dentists, this young person was able to learn about pathways to becoming a dentist and clarify his own goals for the future:

I had the opportunity to shadow the dental clinic at SIHB because I do have a little bit of interest in applying to dental school. And so that's helped me solidify that as well. I got to work alongside . . . two Native dentists, which is really cool, because I only encountered one Native dentist in my 22 years of living. And so having that mentorship and that support from them was really helpful. And just having them be able to answer any questions I had and just learn[ing] more about their journeys and how they got where they are.

Trainees have the powerful experience of seeing themselves represented in the professions they want to pursue, sometimes for the first time. These experiences help affirm and validate trainees' values, identity, and sense of belonging:

From the first day that I walked into SIHB and met with the epidemiologists who looked, talked, and thought like me, I knew that this is where I belonged. This is

what I wanted: to spend time and work collaboratively with inspiring and amazing individuals who have stories and drives that are like mine. . . . It is very important to have representation in all disciplines not just in law and medicine but also research.

Supervisors support trainees by facilitating introductions with other professionals and community members who will help them advance in their personal and career journeys:

And the network, the networking opportunities kind of go together through the site visits, it brought me to meet someone who . . . would just ask me about my career path and what I was going to do. And he was able to connect [me] with an organization back in Montana.

Site visits present rewarding opportunities for trainees to meet with community partners and learn how government and community organizations operate, the services they provide, how they act as change catalysts, and their impact on the community. One trainee highlights the time he shadowed staff and learned about homelessness prevention programming. Another trainee emphasizes how much they enjoyed a site visit where they met with AI/AN health and research professionals. They appreciated how the professionals they visited “talked about their educational journey and the challenges they face and advice for [the trainees] that are [interested in] going the same route.” Another trainee reflected on the time they met and heard the story of a person who has worked for decades as an HIV advocate. This trainee shared, “Being surrounded by a community of people with diverse backgrounds and hearing stories reconfirmed I was destined to be in Seattle.”

CONCLUSION

The 5 years of program evaluation presented in this article demonstrate the immense benefits of public health workforce development grounded in Indigenous values designed to serve AI/AN individuals. The PHTP has been successful in providing AI/AN students a space to foster and strengthen Native identity and experience working with a public health organization that leads with Indigenous values. Students gain experience working in AI/AN communities, learn and use skills from both Western and Indigenous frameworks to create culturally relevant programs, services, and resources for AI/AN communities. The workforce development program is evaluated through an understanding of careers as non-linear journeys, aligning with the irrigation system model rather than a pipeline approach. For AI/AN trainees, who are often underrepresented in educational settings, the opportunity to witness Indigenous representation, receive mentorship, and learn public health from an Indigenous perspective is a powerful, often transformative experience.

Other organizations seeking to embody these values can take several actionable steps. First, co-create training spaces with Indigenous communities that prioritize cultural identity, reciprocity, and respect. This includes engaging

community partners early, listening deeply, and building relationships before developing program structures. Second, intentionally recruit and support AI/AN mentors and facilitators who offer culturally grounded guidance. Third, adopt flexible workforce development frameworks, such as the irrigation model, that honour diverse pathways and definitions of success rather than expecting linear career trajectories. Fourth, integrate Indigenous methods into evaluation practices, such as storytelling and art projects, and practices rooted in relational accountability. These methods elevate Indigenous ways of knowing and ensure evaluation is responsive, participatory, and grounded in community values.

The program has seen students return to their home communities as public health professionals, lead community-based research grounded in Indigenous knowledge systems, and pursue graduate studies in public health, social work, and medicine. Former trainees now mentor new cohorts of students, creating a ripple effect of leadership and knowledge. These outcomes underscore that when AI/AN students are nurtured in environments that honour who they are, they not only thrive but also become agents of transformation in their communities and the public health field as a whole.

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