Inaugural

INDIGENOUS WOMEN'S HEALTH WORKSHOP

April 15 - April 16, 2024
WaiWai Collective | Honolulu, Hawai`i

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Land Acknowledgement

Welina mai ke aloha,
He welina aloha kēia iā `oukou i kēia `āina o mākou. Eia kākou ma ka ahupua`a o Mo`ili`ili ma ka moku o Kona, ma ka mokupuni o O`ahu. O kēia ka `āina o ko mākou mau kūpuna o nā kanaka `ōiwi o Hawai`i nei. O ke ali`ii wahine `o Liliu`uokalani o kēia `āina ka mea I kū`ē ma lalo o `Amelika e hō`alo i ka ho`okahe koko o kona mau po`e. Mahalo i ko mākou mau `aumakua a me nā kupuna ka mea me nā `ike e ho`omau i nā ho`omeheu i kēia mau lā. O kēia ke kuleana a mākou e ho`omau no nā hanauna hou. Eia mākou no ke ola o ka lāhui.

We would like to welcome you to our home. We are gathered in the ahupua`a of Mo'ili'ili, in the moku of Kona, on the mokupuni of O`ahu. These lands are our indigenous lands and our original ancestors are the Kanaka `Oiwi. Our queen Lili`uokalani yielded these lands under duress and protest to the United States to avoid the bloodshed of her people. We thank our ancestors whose knowledge and practices continue to live today. It is all of our kuleana to carry on this heritage. We are committed to the health and well-being of our people.

Background

Findings of the qualitative aim of our R21 (R21MD016126; PI: Stotz) indicated that Indigenous women and experts in areas of Indigenous women's health, Indigenous culture, and social drivers of health recommend de-siloing efforts to improve Indigenous Women's Health. Rather than focus on disease-specific risk reduction – efforts to improve Indigenous women's health should be disease agnostic and center on Indigenous strengths, values, ways of knowing, and holistic health. Based on this data-driven finding, we convened the Inaugural Indigenous Women's Health Workshop in April 2024 to further explore the topic of Indigenous women's health with an equity-and-diversity centered, multidisciplinary approach.

Purpose

Driven by multilevel social determinants of health, Indigenous women experience disproportionately higher rates of adverse health outcomes. Few studies have explored the roots of these problems or defined health and wellness from the perspective of Indigenous women. Informed by intersectionality as a social critical theory, we engaged in a co-creative consensus building and expert decision process with an invited group of Indigenous women who have careers in various aspects of Indigenous Women's Health. Participants included researchers/ professors, physicians, nurses, nurse practitioners, social workers, registered dietitian nutritionists, traditional healers, epidemiologists, dental experts, social scientists, graduate students – who also identified as mothers, daughters, grandmothers, aunts, sisters, and caretakers. A photo of the workshop participants can be found in Figure 1.

Figure 1. Photo of Indigenous Women's Health Workshop participants.

Objective

Our objective was to create a space and elicit intentional dialog on interdisciplinary views on Indigenous Women's Health from women who are Indigenous and/or have experience working with Indigenous communities.

Indigenous Grounding

We carefully considered how to create a safe space that was grounded in Indigenous values. Given this workshop was in Hawai`i, the local collaborators, some of whom were of Native Hawaiian descent, recommended locally-owned and operated vendors, caterers, and food suppliers as well as a locally-owned and operated venue (the WaiWai Collective). Additionally, the workshop was intentionally conversation-based (talk-story circles) and culturally appropriate protocols were led by Native Hawaiian participants [e.g., land acknowledgement, oli (chant), mele (song), and pule (prayer).]

Equity and Power

Within the group, we also mindfully considered equity and power dynamics and employed strategies to redistribute power among the participants and ensure equity. For example, some participants currently work in positions that are not salaried, and for these participants we provided an hourly paid stipend for their time. Additionally, all meals and parking fees were covered for all participants. To accommodate inherent power dynamics (e.g., Elders sharing space with students and/or junior researchers/clinicians), we formed small group breakout sessions.This allowed members who were not comfortable speaking up in the larger group to more fully engage in the discussion. The composition of the small groups also changed throughout the workshop to allow for variability within groups. Talking circles ensured that all participants had time and space to have their voices heard. Finally, all participants voted on co-created priority areas in Indigenous women's health with a democratic voting system which allowed every participant to have equal power in determining the highest-ranked priority areas.

Learnings/Findings

The first breakout session on Day #1 focused on generating ideas on key health priorities for Indigenous women and facilitators/challenges to actualizing these key priorities. Three small groups with 4-6 people in each group spent ~1 hour discussing their responses to this query. Images from the breakout sessions can be found in Figure 2.

Figure 2. Small group breakout sessions.

Each group then provided a shareback summary of their breakout group discussion, and the workshop organizers created a list of areas discussed during each of the 3 groups' shareback summary presentations. Examples of small groups' brainstorming documents used for shareback summary presentations can be found in Figure 3.

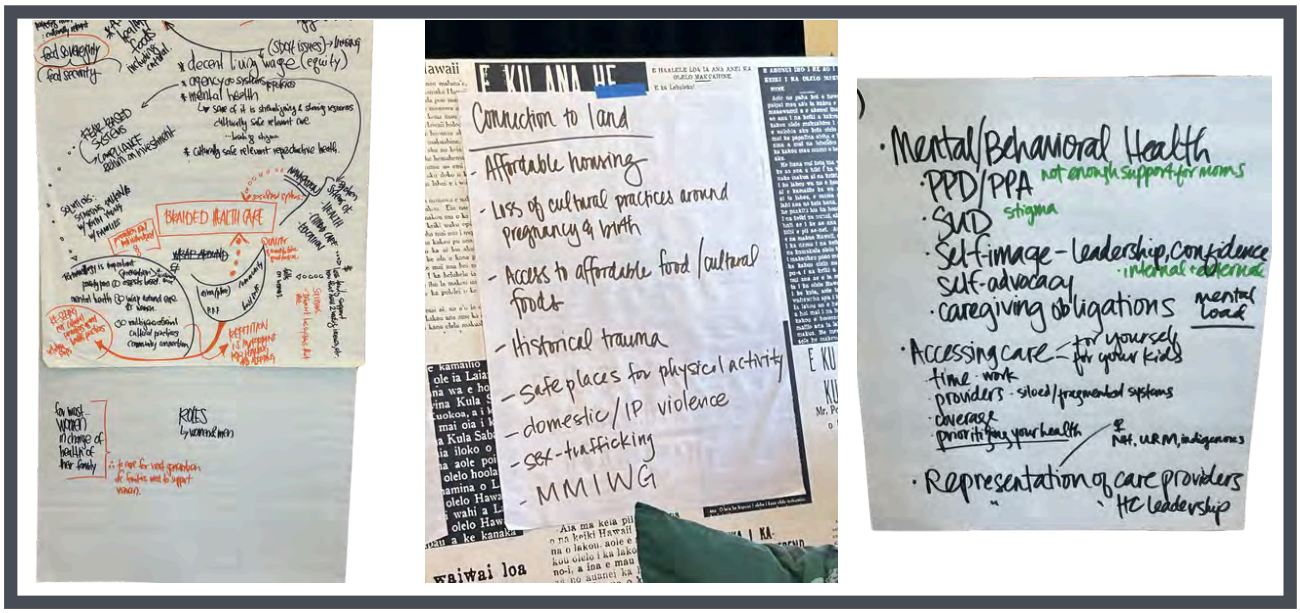


Figure 3. Examples of small groups' brainstorming activities.

Next, each member of the workshop was given 5 stickers to "vote" on their priority topics. This voting process occurred during a break in the workshop. Finally, collectively the entire group then spent time grouping key priority areas and challenges where redundancy was evident. For example, "wages" and "cost of living" were noted as similar challenges and were grouped together as one topic. An example of the voting document can be found in Figure 4.

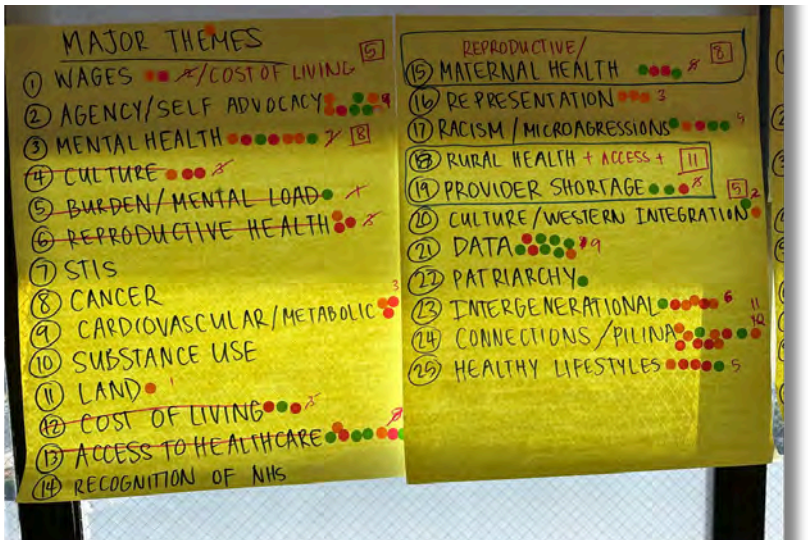


Figure 4. Voting document used after first breakout session on Day #1.

The final list of key health priorities, facilitators, and challenges can be found in Table 1.

Table 1. Learnings from first breakout session – Topic "What are key health priorities for Indigenous women and the facilitators and challenges to actualizing these health priorities?

Key Health Priority	Facilitators to Achieving Key Health Priorities	Challenges to Achieving Key Health Priorities
• Mental Health • Reproductive/maternal health • Healthy lifestyles • STIs • Cancer • Substance use • Cardiovascular and metabolic disease	• Agency, self-advocacy • Culture, land, traditional foods • Connections (to healthcare, resources, support systems) • Intergenerational, multigenerational	• Wages, cost of living • Access to data • Racism and microaggressions • Representation • Patriarchy • Violence and historical cultural trauma • Access to healthcare, provider shortages, rural areas

Day #2 of the workshop included a large group sharing session with focus on what each participant was doing presently, and what each hopes to do in the future with regard to Indigenous women's health. Participants shared their stories in a roundtable discussion (e.g., talk-story circle) format that lasted ~2.5 hours. We then had a 'keynote' presentation by Dr. Karina Walters who discussed her role at NIH as the director of Tribal Health Research Office (THRO). Dr. Walters also shared her "Trail of Tears" work with Choctaw women. This presentation entitled "Watering the Seeds of American Indian and Alaska Native Ancestral Love and Wisdom for Native Women's Health and Well-Being" was ~2 hours in length. Images of the presentation can be found in Figure 5.

Figure 5. Images of Dr. Karina Walters giving the keynote presentation at the workshop.

The primary breakout session on Day #2 focused on the question: "Based on what you've heard from everyone's current work and expertise and interests from our talk-story circle earlier today – what are future collaborations, deliverables, next steps that you envision with this group?" Three small groups with 4-5 people in each group spent ~1 hour discussing their responses to this query. The groups then returned to the large group for a shareback session; themes were created across the groups; and the full participant group conducted a democratic voting process to determine 'actionable items'.

An image of this voting board can be found in Figure 6.

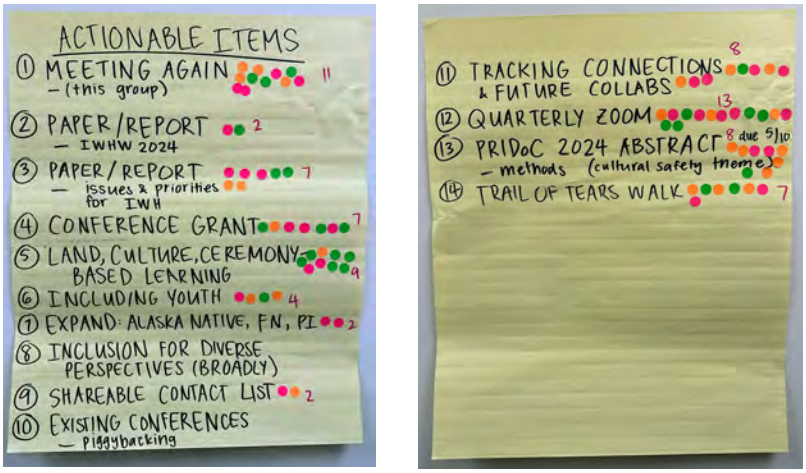


Figure 6. Voting document used after first breakout session on Day #2.

Table 2. Outlines the actionable items as prioritized through voting

Action Items for the Indigenous Women's Health Workshop Participants
• Continue meeting as a group, via quarterly teleconference (e.g., zoom) • Focus on land, culture, and ceremony-based learning (e.g., consider Trail of Tears walk for next workshop) • Track collaborations and connections between participant workshops • Submit abstract(s) to 2024 PRIDoC conference • Seek conference grant to support meeting again in ~1 year • Write publishable paper/report from this workshop (topics: methods of conference and/or key topics of focus for Indigenous Women's Health) • To enhance diverse perspectives, expand participation in this workshop to youth, Alaska Native, First Nations, and Pacific Islander representation (among others) • Provide shareable contact list for all participants in this workshop • Piggyback future Indigenous Women's Health Workshops on other related conferences

Evaluation

All participants were invited to complete an evaluation of the workshop at the end of Day #2. The evaluation questions and select responses from attendees can be found in **Appendix A**.

APPENDIX A. EVALUATION USED FOR WORKSHOP

1. Please rate the following workshop sessions (check one response for each row): *

	Poor	Fair	Good	Very Good	Excellent
Introductions	○	○	○	○	○
Small group breakouts	○	○	○	○	○
Voting processes	○	○	○	○	○
Dr. Walters presentation	○	○	○	○	○

2. Please indicate your level of agreement with each of the following statements in regards to the Day 2 activities (check one response for each row) *

	Strongly	Disagree	Neutral	Agree	Strongly agree
Attendees represented diverse backgrounds	○	○	○	○	○
I felt included	○	○	○	○	○
I felt heard	○	○	○	○	○
I would participate in another workshop like this	○	○	○	○	○
I would recommend a workshop like this to a colleague	○	○	○	○	○

3. Which parts of the workshop did you like best and why? *

Your answer

4. Which parts of the workshop did you find least useful and why? *

Your answer

5. To what extent would you recommend a workshop like this to a colleague? *

	1	2	3	4	5	6	7	8	9	10	
Not at all	○	○	○	○	○	○	○	○	○	○	Completely

6. Please provide any suggestions for how we could improve this workshop: *

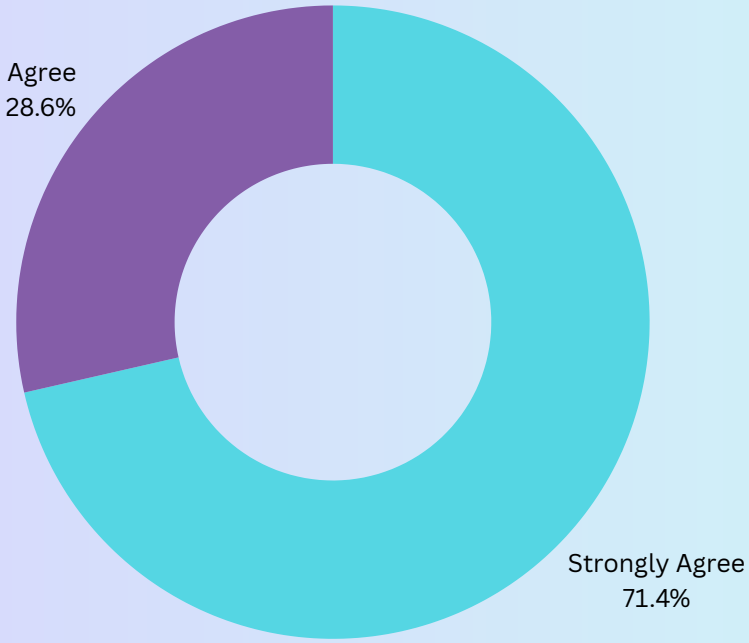
Your answer

7. Other comments

Your answer

Parts of the Workshop Participants Liked Best

Attendee Represented Diverse Backgrounds



How Workshop Can Be Improved