

Strengths and Challenges of the Medical Careers and Technology Pathway (MeDCaT)

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Table of Contents

Introduction

Methods

Conclusions

Reflection

Report 1 Basic findings report for the Center for Native Health

Report 2 Report on the Careers and College Tracks of Graduates

Report 3 Grant report to Dogwood Trust

References

Appendix

Introduction

There has been an increased interest in creating pathways to advance American Indian and Rural Appalachian students through STEM careers including medical fields.

Like other underrepresented populations, American Indians have had minimal gains in their representation across the medical education continuum despite the continuing growth of medical schools over the past 30 years, (“Reshaping the Journey: American Indians and Alaska Natives in Medicine,” 2018). A major underrepresentation of Native American medical doctors within the workforce can be directly related to poor quality of health care, (“Reshaping the Journey: American

Indians and Alaska Natives in Medicine,” 2018). There has been little chance to reduce the health disparities endured by Native people, (“Reshaping the Journey: American Indians and Alaska Natives in Medicine,” 2018)

American Indian people face immense challenges in the U.S. healthcare system and experience some of the worst physical and mental health outcomes in the nation, (“Reshaping the Journey: American Indians and Alaska Natives in Medicine,” 2018).

There is a need to promote cultural competency in the health-care system and strengthen community-level approaches to improving health, especially for those who have faced many generations of colonialism, (Jackson & Gracia, 2014).

Barriers are faced by students who are underrepresented. Pathway programs are designed to address some of these barriers and hopefully lead to careers as health professionals or in STEM related fields. These barriers may include lack of social support and mentoring, stereotyping, and growing up in under-resourced communities, (Bright et al., 2018), (Hallum et al., 2023). STEM educational programs have reported positive outcomes in relation to American Indians' science learning, understanding of their own cultures, and/or how Western science and Indigenous knowledge are complementary to each other, (Jin, 2021). There has been a recent focus on improving the educational outcomes for Indigenous students however there continues to be disparities between Indigenous and non-Indigenous students, especially in STEM subject areas, (Jin, 2021). Emphasis has been placed on cultural assets and cultural context as important aspects of equity in STEM education, (Jin, 2021).

Background

The Medical Careers and Technology Pathway (MeDCaT) is an academic-community partnership between the Maya Angelou Center for Health Equity, Center for Native Health, Eastern Band of Cherokee Indians, and Mountain Area Health Education Center that creates a pathway to engage Appalachian Rural and American Indian high school students with multiple resources that support the pursuit of STEM careers with a focus on health and biomedical sciences, (“Training and Mentorship”). Created in 2015, MeDCaT aims to increase the number of underrepresented students pursuing health and biomedical science careers with academic year learning labs facilitated by local community-based organizations, an intensive summer academy on the campuses of Wake Forest University and Wake Forest School of Medicine and targeted mentorship for students and teachers, (Medical Careers and Technology Pipeline - Pipeline Programming - Maya Angelou Center for Health Equity, n.d.).

MeDCaT integrates Cherokee teachings into all aspects of the curriculum as a way to: 1) increase the numbers of American Indian students matriculating into health professions; and 2) to increase diversity among health care professionals, which has been strongly linked to student’s success in higher level education and improved quality of care in the field, (Jackson & Gracia, 2014), (K Bryant Smalley et al., 2012)

MeDCaT engages two main participant groups: High School students and Health Science Educators in four target counties in Western North Carolina along the Qualla Boundary.

Methods

Participants- There were 10 participants, each was a high school alum from the MeDCaT program. Minimum age for the study was 18 years of age. Participants included interviewees who advanced to higher level medical fields of study and those who did not advance to a higher-

level medical field of study. The study included both EBCI (Eastern Band Cherokee Indian) members or 1st generation Appalachian students. The participants were amassed via an email sent to the list of previous graduates of the program by the program director. A \$50 visa gift card was given as a token of appreciation for the interviewees time.

Protocol- Interviewer conducted semi-structured interviews of 10 participants who had completed the MeDCaT Pathways program. Post-permission from participants each interview was recorded with Otter Ai and an audio recording device as a backup. Participants were assigned a number to protect anonymity. Confidentiality of data was protected by not recording names. In addition, data was stored in password protected files and on password secured computers. Recordings and transcripts will be deleted post publication of paper. Each participant was made aware that they were under no obligation to answer any question they did not want to and that their anonymity would be protected. Quotes will not include names of anyone involved in MeDCaT and identifying characteristics will be changed. The interviews took place over the dates of 2/10/23-2/28/23. Interviews were then transcribed with Otter.Ai. The interviewer's first step was to listen to the recordings while reading the transcripts. Coder then created a condensed information table using questions asked with themes and quotes of importance to the data. This table was 26 pages long. The codes looked for were themes related to strengths and challenges. The writer created three requested reports based on the information gathered and data gathered from the qualitative analysis.

Step by step from start to completion.

1. Met online with facility mentor, preceptors, and program manager of the Center for Native Health to gather input on what type of data they would be useful. The writer facilitated a brainstorm session with the Google application Jamboard to simultaneously gather information in real time and record it for future use. Interview questions formulated with feedback from cohort, preceptors, program director from Center for Native Health and facility mentor.
2. An email was sent to gather willing participants. Compiled list of willing participants with contact info.
3. Scheduled times to meet online using Zoom or by phone for 30 to 60 minutes with each participant separately. Reminder text message sent on the day of the scheduled interview.
4. Interviews recorded with Otter.AI once participants gave permission.
5. Transcribed using Otter Ai.
6. Analyzed themes and salient quotes throughout interviews. Coded data appropriately for research needs.
7. Met with preceptors to show initial data gathered from interviews with a minimal report on the data to gather feedback.
8. Prepare three reports in total. Dogwood Trust Grant report, report for the Center for Native Health and a report on the participants who continued onto careers and further education in STEM or medical fields. Prepare culminating experience paper with guidance of faculty mentor and preceptors. Place the culminating experience paper in the UNC repository.
9. Follow-up steps- Submit manuscript for publication. If published, a follow-up email will be sent to each participant with a copy of the published work thanking them for their impact.

Methods for the Dogwood Grant Report

Writer started with the first draft of the coding and themes and narrowed coding down to the requirements Dogwood Trust had requested for the grant, which were qualitative indications of changes in attitudes, behaviors, and perceptions among program participants. The writer defined the three terms using Websters.

- **Attitudes**- a mental position regarding a fact or state, a feeling or emotion toward a fact or state (*Definition of ATTITUDES*, n.d.)
- **Behaviors**-the way in which someone conducts oneself or behaves, the manner of conducting oneself (*Definition of BEHAVIORS*, n.d.)
- **Perceptions**- a capacity for comprehension, a result of perceiving, a mental image (*Definition of PERCEPTIONS*, n.d.)

Methods for Center Native Health report

As per preceptor some board members and others who may read this report may be so busy that they may only have 3-4 minutes to read and process information. Placing a lens on health communication is very important to focus on, (Halprin, 2021). [Plain Language Summaries Explained in Plain Language - Eos](#)) Preceptor requested highlighting or underlining the most important parts and writing a conclusion that tells a story. He also recommended trying to keep this report to 1-2 pages maximum.

Methods for Career and Higher Education Table

Participants were asked what their current job is and probed if they had medical jobs now or after high school. In addition, participants were asked whether they pursued a medical track in college. Some career and college tracks were easy to recognize as STEM or Medical field related, some not as much. The writer used definitions and ideas about STEM from the National Science Foundation, (Burke, n.d.)

Results

Of the 10 participants in the study

- 7/10 pursued a Healthcare or STEM focused degree path in higher education.
- 10/10 participants went on to some type of higher-level education past high school.
- 8/10 have a job in Healthcare or STEM related fields.
- The most significant strength found by the data was the pathways created by the program for students to explore fields of study especially in hands-on medicine, as well as assistance in networking, connections, lifelong friendships, and confidence in general, as well as in a professional and academic setting. There were reported feelings of fitting in with a unified group despite differences and less likely to be affected by high school factions. Communication, presentations, public speaking, leadership, and team building skills were learned and put into practice. Mentorship was a big factor in the guidance of the program. Students felt more prepared for college due to their experiences sleeping in dorms during camp, higher education goal discussions, mentors, and support to achieve those goals.

- Participants perceived an increased ability to help strengthen the community by community building and becoming role models for future generations. Social ideas and recognition of place were noted changes, as well as an increase in learned cultural competence while decreasing stereotypical thought patterns.
- The biggest challenges of the program were a lack of mental health component, a reported need to see more health or STEM related jobs that were not hands-on medical career paths, and a perceived lack of assistance in careers and college transition after MeDCaT completion.
- Every student interviewed reported their life greatly improved by MeDCaT in a myriad of positive ways. However, many reported difficulties with the college application process, transitioning to college life, and career goal planning in relation to higher education after graduating from MeDCaT.

Conclusion

The study identified themes of importance regarding strengths and challenges of pathway medical programs. This study may lead to additional research on the effectiveness of medical training pathways for high school students and how programs can be strengthened. This study may also help increase the number of CITIZENS OF THE Eastern Band of Cherokee INDOANS, other Tribal Native peoples, and rural Appalachian students entering advanced fields of medicine and other STEM careers. The MeDCaT experience is not just about advancing to medical and STEM fields but taking a journey of self-discovery and gaining confidence in whatever path the student was on.

Lessons learned.

About the topic

- Learning details about the disparities in the medical and STEM career fields while researching this topic was disheartening and frustrating. The information gathered had no real answers as to why, aside from the assumption of deep, oppressive, capitalistic greed and hate filled systems that remain in our society and world today. Conducting these interviews was an uplifting experience. The stories of everyone were so powerful and moving. It helped me to have hope and a positive vision of the future. The younger generation is working hard to make the future generations better than the ones before.
- I learned about the experiences of each graduate in regard to MeDCaT but the real story was not just advancing to medical fields but taking a journey of self-discovery and gaining confidence in whatever path the student was on.

Reflection on process

- My last question, “Anything else you would like to add to help make the future cohorts as successful as possible?” provided some great answers and quotes. However, it was misconstrued by the interviewees as meaning different things. I meant it as a wrap up question if anyone forgot to mention things. It was taken mostly as an opportunity to speak directly to the upcoming MeDCaT cohorts. Either way it was answered and gave important feedback. But I should have reviewed the questions with a classmate or peer unrelated to the project to make sure each question was clear as to what info I was attempting to gather. I will end future interviews with, “Do you have anything to add, or would you like to go back to anything you mentioned to elaborate further?”

- My preceptor, Trey Adcock, PhD, Executive Director of the Center for Native Health, recommended using “pathways” instead of the previously used, “pipelines.” As an outsider, I was glad he suggested this because it had been on my mind. Much of the literature and websites referring to these types of programs still use the word, “pipeline.” The definition of pipeline is a course of individual advancement or development specially to fill organizational needs and pathway’s definition is a course or path. (*Definition of PIPELINE*, n.d.), (*Definition of PATHWAY*, n.d.). A pipe is something that can be used to drain resources from one place to another. A literal path is often formed by the feet of many people walking that same journey. The U.S.A. is built on enslavement of others, murder, and theft of land to build riches for a small percent of people. It started this way, and it continues. I am glad to be one of the people who was able to walk on that pathway towards reparations.
- At a suggestion from my facility mentor, Jill Fromewick, PhD, using the MVP (Minimal Viable Product) strategy helped me refine my work and narrow down what I needed for my reports. This is a technique traditionally used in internet technology product development. Dr. Fromewick is currently in that field. MVP worked very well with my process. I didn’t overthink or try to guess what should be in my reports. I made a basic outline and went to Lisa Lefler, PhD and Trey Adcock, PhD to discuss what their feedback was based on needs, audiences, and objectives.

Reflections on how this project impacts career interests

- My career interests have really peaked in the field of qualitative data collection from conducting my interviews, as well as my work with Western North Carolina Health

Network during my practicum. Most researcher jobs require both quantitative and qualitative. I've managed a basic grasp of Stata, but my qualitative work has risen from beginner to intermediate. I hope to use qualitative research in whatever field I go into post-graduation from my MPH program. I have skill for it naturally as well as through my previous work as a nurse. To get hired at Northwestern, my first real nursing job, I had to take an emotional intelligence test. Hiring employees with emotional intelligence was done because higher levels of emotional intelligence in nurses has been linked to better outcomes for patients and quality of service perceived by patients, (Ranjbar Ezzatabadi et al., 2012). My emotional intelligence makes me extremely sensitive to the emotions of others. This makes collecting the stories of others something that I am good at and truly enjoy. I was proud to be a record keeper for others' stories and I would like to continue to use my skills to better the world I live in.

Thank you

The writer would like to acknowledge and thank all the interviewees who participated in this study on top of their busy schedules and lives. Gratitude to my Facility Mentor and sounding board, Jill Fromewick, PhD and preceptors; Trey Adcock, PhD, Associate Professor of Interdisciplinary Studies and the Director of American Indian and Indigenous Studies at the University of North Carolina Asheville and Lisa Lefler, PhD, Associate Professor of Anthropology at Western Carolina University. A very special thank you to Madison Leatherwood, Program Director of the Center for Native Health, and my go to at all times. The data showed that you have been a source of inspiration in 10/10 of the interviewee's lives. Thank you all for the help in making the world a better place.

Report 1. Basic findings, submitted to the Center for Native Health***MeDCaT Qualitative Data 2023***

Data are from 10 qualitative semi-structured interview participants who attended MeDCaT between the years of 2013-2020. The participants graduated from Swain County High School, Robbinsville High School, Cherokee High School, Smoky Mountain High School, Andrews High School, or Murphy High School. We investigated the strengths and challenges of MeDCaT as well as recommended areas for growth.

- The most significant strengths highlighted by students were the pathways for students to explore fields of study especially in hands-on medicine, as well as assistance in networking, lifelong friendships and confidence in general, as well as leadership and team building skills in a professional and academic setting.
- The biggest challenges of the program were a lack of a mental health component, a reported need to see more health or STEM-related jobs that were not hands-on medical career paths, and assistance in careers and college transition after MeDCaT.
- Every student interviewed reported that their life MeDCaT influenced their lives in a myriad of positive ways. However, many reported difficulties with the college

application process, transitioning to college life, and career goal planning in relation to higher education after graduating from MeDCaT.

KEY INSIGHTS INTO STRENGTHS AND CHALLENGES OF MeDCaT

Strengths

Professional career growth through networking and learning professional practices

Teamwork

public speaking

leadership skills

Prepared students for transition to college

confidence

independence

realized value higher ed

Challenges

Transitioning to college

time management

mental health

cost of private college

college application process

Increased mentorship and professional shadowing

lack of support network during college

Recommended areas for improvement

mentorship or club for support on college campus

increase outreach and networking to alumni

check-ins post MeDCaT completion

mental health education and services at camp	assistance with college paperwork and planning	exposure to fields not hands-on medical related
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Report 2 - Report on the Careers and College Tracks of Graduates

<p>Data on Education and Career of MeDCaT Graduates</p> <p>Of the 10 participants in the study</p> <ul style="list-style-type: none"> • 7/10 pursued a Healthcare or STEM focused degree path in higher education. • 10/10 participants went on to some type of higher-level education past high school • 8/10 have a job in Healthcare or STEM-related fields. <p>STEM Careers are defined using The STEM Labor Force of Today: Scientists, Engineers, and Skilled Technical Workers NSF - National Science Foundation, (Burke, n.d.).</p>		
<p>Interviewee # and time</p>	<p>College degree in healthcare or STEM related fields. (yes/no)</p>	<p>Professional career in healthcare or STEM related field (yes/no)</p>
<p>1. 2/1, 2pm, zoom</p>	<p>No, business degree</p>	<p>Yes, health related field</p>

2) 2/12, 4pm zoom	Yes, pre-med school	Yes, CNA pathway to MD
3) 2/14, zoom	Yes, currently enrolled in paramedic school at community college	Yes, EMT, pathway to paramedic
4) 2/15, 4pm zoom	Yes, current nursing student	Yes, pharm tech and CNA, pathway to nurse
5) 2/15, 620pm zoom	Yes, 4th year medical student	Yes, pharm tech, pathway to MD
6) 2/18, 4pm, zoom	Yes, chemistry PhD student	Yes, health research related
7) 2/24 430pm telephone	Yes, accountant degree	Yes, CPA
8) 2/24 530pm zoom	No, criminal justice degree	No, law enforcement
9) 2/28 430pm zoom	Yes, nursing school	Yes, MA and CNA

10) 2/28 530pm zoom	No, undergrad and masters obtained, neither in STEM or Health related field	No, career in higher education not STEM/Health related
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Report 3 - Grant report to Dogwood Trust

Report: The Medical Careers and Technology Pathways (MeDCaT) for Indigenous Youth

Qualitative Data

Background

The Medical Careers and Technology Pathway (MeDCaT) is an academic-community partnership between the Maya Angelou Center for Health Equity, Center for Native Health, Eastern Band of Cherokee Indians, and Mountain Area Health Education Center that creates a pathway to engage Appalachian Rural and American Indian high school students with multiple resources that support the pursuit of STEM careers with a focus on health and biomedical sciences, (“Training and Mentorship”). Created in 2015, MeDCaT aims to increase the number of underrepresented students pursuing health and biomedical science careers with academic year learning labs facilitated by local community-based organizations, an intensive summer academy on the campuses of Wake Forest University and Wake Forest School of Medicine and targeted mentorship for students and teachers,

(Medical Careers and Technology Pipeline - Pipeline Programming - Maya Angelou Center for Health Equity, n.d.).

MeDCaT integrates Cherokee teachings into all aspects of the curriculum as a way to: 1) increase the numbers of American Indian students matriculating into health professions; and 2) to increase diversity among health care professionals, which has been strongly linked to student's success in higher level education and improved quality of care in the field, (Jackson & Gracia, 2014), (Smalley et al., 2012)MeDCaT engages two main participant groups: High School students and Health Science Educators in four target counties in Western North Carolina along the Qualla Boundary.

Methods

Mary Newman, BSN, RN, MPH candidate from UNC Gillings School of Public Health in collaboration with The Center for Native Health completed her culminating experience gathering data from semi-structured interviews. Ten interviews were conducted with previous graduates of the MeDCaT program. The interviewees were recruited via an email sent to the graduates of the program using an email list provided by The Center for Native Health. A \$50 visa gift card was given as a token of appreciation for the interviewees' time. The interviews were recorded and transcribed on Otter.ai. The interviews took place over the dates of 2/10/23-2/28/23. The transcriptions were coded to look for Dogwood Trust requirements for qualitative indications of changes in attitudes, behaviors, and perceptions among program participants.

Terms as defined by Merriam-Webster dictionary.

- **Attitudes**- a mental position regarding a fact or state, a feeling or emotion toward a fact or state
- **Behaviors**-the way in which someone conducts oneself or behaves, the manner of conducting oneself.
- **Perceptions**- a capacity for comprehension, a result of perceiving, a mental image
-

Findings

Attitude changes

1) Less likely to have high school factions.

- “a time for you to’ drop your school rivalries and all be together’,” Hey, we’re the future of our communities. We ‘got to get it together.”
- “We were with people from, ‘all of the western counties. So ‘even though we all went to similar schools, ‘we all had our different things and ‘we were able to build connections. While we were there and ‘get to know each other.”

2) Feelings of unity

- “it was just really nice to ‘make those friends from different schools because otherwise I probably wouldn’t have ever made friends from the other schools.”
- “Collaboration with Indigenous students, ‘all collaborating together, ‘getting all our thoughts about it together. ‘Being able to explain to others why we do things differently,

for example, ‘why powwows or why Native medicine and why is it different than normal?’”

6) Feel more prepared for college

- “Really ‘showed me that I could live without ‘being at home. Without my parents for a little bit. I was just a very scared child. I was not comfortable leaving home. But you really have to push those boundaries sometimes. So, it was for the better.”
- ‘It prepared me ‘for college life because it was right before I went to college.
- “‘some of those folks taught at Western and so I would occasionally see them in passing and that was’ helpful to be able to ‘recognize that. Oh, I remember this person. They were at MeDCaT with me, and they helped support me while I was there. And so, I know that I can still go to them now if I needed to.”-past student with a Master’s degree

7) Mentors helped with changing perceptions

- “The mentor I had was very encouraging. I feel like we're told that we can't do it a lot. At least like rural students or like we should stay at home. There are certain expectations like, you only go to nursing school and that's how far you go. It's a lot of the messaging I feel like we get from other people. But having someone there to continue to push me and say like, no, you're capable of this and you're going to be able to do this if you put your mind to it.”

8) New learning opportunities

- “‘allows students an opportunity to learn something that we couldn't have had the opportunity to learn in high school. Because once again, ‘We don't have the resources available. So I think being able to go and bring that back with new ideas on what we

‘should do within the community. ‘We can learn how we can go outside of our resources and learn to bring that back.’”

9) Provided cultural competency

- “‘for anyone going into healthcare, it's ‘important to understand different cultures, especially those that are’ right in your back door, because’ I've grown up in Silva and Cherokees is ‘just down the road. So, it's really helpful to ‘explore that culture ‘especially from a healthcare point of view.’”
- “‘you don't get that exposure, ‘in just any public school. ‘Even here in Knoxville, ‘the schools ‘don't touch on Native American. ‘They don't teach about them, ‘let alone their health, ‘health issues and things that need to be improved.’”

10) Community building and role models for many generations

- “‘Provide like local people who know what core issues are issues that people face on a day-to-day basis, why they may not be able to achieve being as healthy as they want or having access to the resources they want.’”
- “‘a lot of us do have big interest in ‘rural health and returning home and providing care.’”
- “‘high school community, ‘it helped it and improved it, ‘it showed us ‘we live in a small town, ‘there's opportunities for us, like for myself, ‘I want to return back home, to my community, ‘they're supporting us ,’we also have to ‘come back and give back to our community because ‘they are the ones who got us through basically.’”
- “‘I wasn't being taken seriously when I said ‘I want to grow up and be a doctor because I am from the middle of nowhere. ‘it helped me ‘find my identity as a health care provider interested in rural care and helped me make connections to be able to return there when I'm ready. I feel like I'm able to provide the best possible care for the community.’”

- “I have a couple of family members who have never been to a university because ‘they feel like they're not good enough to be able to try and even achieve that. So I feel like seeing the Native kids have more representation and have more accessibility to go into these programs is really going to show the younger generation or maybe the ones that are a little bit hesitant that you can do and are into these programs is really going to show the younger generation or maybe the ones that are a little bit hesitant that you can do and are deserving of being able to have that opportunity to go and better yourselves.”

11) Career planning

- “Exposes career options to people ‘may not be exposed to otherwise. ‘People going into those career options will help strengthen communities.”
- “I truly do believe that if I had not attended MetCaT I would not be in the field that I am today. ‘Not only was I exposed to new and exciting careers in the medical field, but it also gave me the push to be like yes, this is exactly where I'm supposed to be.

12) Social ideals and recognition of place

- “Helps to socially educate us. ‘Our rural communities” can have “a very insular one way of thinking and that's how, ‘things are done, and no one ever questions that.”
- Indigenous teachings “gives a chance for kids who are not Indigenous to learn about issues facing the Indigenous community, and how we can get involved in things to be actually productive and be helpful.”
- “provides ‘important context about the area that you grew up in that you may not completely understand. I feel like it gives the Indigenous community a chance to directly speak to people who may be interested in coming back and providing care in the area and

saying, this is what we need. And if you are willing or able to provide that care, we would love for you to come back and be involved in that.

13) Strengthen personal qualities and comfort levels

- “Strengthened a couple qualities. I know I was independent before I went, ‘after going I was like, Okay, I can do this.”
- “Helped me be more comfortable with being someone from a rural area, stepping into a medical setting.”
- “My parents raised me, where I don't talk about” being Indigenous. “I wasn't really raised in the community on the reservation. They wouldn't even let me go to school on the reservation. So, I really learned to use my identity as an asset”

Behavior changes

1) Career in medicine

- Visiting, “the regenerative medicine institute. ‘It was very exciting to be able to go into the facility and to see exactly what was going on behind the scenes and see’ what the general public doesn't get to see.”
- “Definitely pushed me in the direction of healthcare.”

2. Confidence, leadership, professionalism, communication, and teamwork building skills learned and practiced.

- MeDCaT, “‘really brought me out of my shell”
- ‘Before (MeDCaT) I was ‘just a follower but after ‘more of a leader. Lots of leadership skills and opportunities. Right now, I'm the president of my nursing cohort, so I probably wouldn't have done that without that leadership experience in the past.”-BSN student

- MeDCaT, “helped me ‘get out of my shell and be able to ‘work better in groups and be able to communicate with people that I didn't know yet.”
- “I wasn't a very talkative person. I kept a lot to myself. But when given the chance to go to MeDCaT, I was able to meet people that in a way were similar, that they may not have had much to say but we're willing to go and try new things. And ‘now I'm a social butterfly because of MeDCaT.”
- “I was very hesitant at first to try and ask for help because I felt like I would probably be looked at as if I wasn't good enough to be in the classes that I was taking. So that ‘kept me from asking for help. But now after I got past that, ‘I'm more open to having support and understanding that it's not nothing to be ashamed of. Like it's not, understanding that it's not nothing to be ashamed of. Like it's not, a bad thing to ask for help.”
- “My parents were always like; you don't tell people you're Native it's not something you brag about. It's not something you bring up. You just if someone asks you just go on about your day. So, when I figured out in high school that I could use that as an asset. Like, obviously doors started opening up.”
- “Taught us teamwork because ‘we had to branch out and make friends. So that was, that was good. But secondly, we were able to learn, ‘give each other pointers within the group that were really helpful.”
- “The presentation ‘to the group at the end of the summer. ‘We all got dressed up. ‘We learned what business casual was, ‘we got feedback, and we were still in high school. ‘That was really helpful, not only for my senior project in high school, but it was even helpful today’” -PhD student.

- Presenters told us “The first impression is always going to be the main one that people are going to refer back to and you can never redo it. So, we always knew they expected us ‘to behave a certain way and to see how they did it in everyday life was actually something that I carried with me.”
- “It encouraged me because it ‘showed me that I was capable of a lot more than what I thought I was.”and “that I had the resources out there for whatever I wanted to do.”
- “The way you present yourself, ‘you're given the choice to be responsible and presentable because of them trusting you to go to these facilities and learn. Because a lot of the people that we spoke to ‘were very professional.”
- “Even if you're not thinking you're capable of it, you definitely are. I did not think I would be at a public state school ever. Being at nursing school. I didn't think I would have the jobs that I have.”
- ““don't settle ‘you are capable of a lot. And even if you may not think that because I did not think that you definitely are, you can do so much.”-advice to future cohorts

3) Community behaviors

- “Spending time’ learning about how ‘diabetes really impacts our area and how ‘all the things that we have connections with, being able to sit there together and learn ‘to help us to build a community while we were there.”
- ““for ‘myself, ‘my family does have ‘a history with diabetes. So, the last year’ I went ‘the main focus was on diabetes and ‘how it affects the Native American population and’ Appalachia as a whole, ‘So that was really helpful to’ be able to then bring back some of

that knowledge and information that I learned there, to my family who does have diabetes.”

Perception Changes

1) What career and higher education opportunities in healthcare fields can be

- “I had no idea anything about health care. I just knew I found it interesting. So going to MeDCaT ‘motivated me and also ‘piqued that interest to actually do it.”
- “I had no idea what I wanted to do as a career. But (MeDCaT)helped me solidify my career goals. ‘I’m a very goal-oriented person. ‘it definitely helped me to prioritize those goals. And it helped me get on more of a straight path and off the curvy winding road I had no idea I was on.”
- “I don't think I would have ever gotten any opportunities to go out on my own to see the type of ‘professions or to have the experience of going behind the scenes.”
- “I really do want to emphasize how big of a difference it has made in my life just because ‘I had no idea I even wanted to do anything in healthcare. And now here I am pursuing a MD degree. ‘It was just a great experience, and it just gave me resources that I otherwise would have had no idea even existed.”
- MeDCaT, “‘made me what I am, and ‘it led me to where I'm at.”
- “MeDCaT ‘helped me realize that I did want to do (med school).
- Helped me decide between being a nurse or something else, “‘in the healthcare field”
MeDCaT, “was really helpful and exposed me to a lot of different, interdisciplinary ‘professions.” -current BSN student.

- “Seeing the broad range of health services. ‘Doctors that work hands on with patients, ‘to someone who did research on mice. ‘there’s a whole different realm. ‘If you don't want to do hands on with a patient, you could do so many other things.”
- ” if you don't want to work with direct patient care, maybe we can hook you up with some researchers. Let's go see a research lab. It's just showing people how broad healthcare can be.”
- ‘When I do become a doctor, the fact that I was a CNA will have a great ‘effect on my entire career’”

2) Ability to help strengthen to community

- “‘made me focus more on’ the world and our community as a whole rather than just focusing on’ myself and my own problems. Because although, ‘some of the things, especially at that time that I was going through were pretty big, ‘it made me see that there was ‘so much more going on in the world and there's so much more work to be done. ‘that's something big that helped to change some of my values.”
- Often, “‘we don't really take into consideration how some folks and ‘diseases might affect people in different ways. ‘We do know now that’ diabetes does affect the Indigenous population, ‘a lot more because of the way that our country has treated them and forced them to’ have different food options ‘and the disparities there. ‘that's something that going into MeDCat, I didn't really know as much information about and then leaving from there ‘I was able to take that back to my family and friends and be like, this is something that's actually a real issue that we don't really talk about as much.
- “The reservation where I grew up is very much community. But I mean you have communities everywhere you go. But at some point, when you go out and get your degree

and you're coming back, you're not just taking care of patients anymore. Like this is someone's grandpa like it's not a number. These are people you're dealing with, you know, their thoughts, you know, the reasoning behind some of them. And I think that's really how we should go about fixing a lot of our problems is, 'at a community angle because 'that's who makes up the community, 'different people. But it's all about working together and being collaborative.”

- “It's great exposure for high school students from a rural area to have a different community to focus on. And while we were in MeDCaT, they did several 'community based 'situation scenarios, quality improvement 'thing. I think implementing a lot of those would be really helpful for the community.”
- “Once you see that 'community-based approach, it just makes so much sense. And you, I just want to care for the whole community.”
- “‘helps you to connect to the folks who are living in the same sort of communities as you and 'have similar experiences of, most likely being low income and' living in a very rural area. 'that helps to build those connections and having your own little community in MeDCaT, 'because a lot of our area has a lot of the same like health issues and things going on.”
- “‘it's hard to see your community. Kind of like it's falling apart almost. 'to see that, it's just motivation. 'you see your community, you want to do better and you don't want to do better for just us. You want to do better for everyone. 'MeDCaT really, really hits it home.”
- “‘made me focus more on' the world and our community as a whole rather than just focusing on' myself and my own problems. Because although, 'some of the things,

especially at that time that I was going through were pretty big, 'it made me see that there was 'so much more going on in the world and there's so much more work to be done.

'that's something big that helped to change some of my values.'"

3) Connections and preparedness for college

- there was really a MeDCaT person kind of anywhere I turned when I was going through school, which is really a blessing.
- "it also helped to prepare me for 'living on campus, 'since we stayed at a college and were able to 'be on campus 'helped me to be able to 'navigate campus a little bit better and be able to kind of know what things like I would need to know."
- " 'staying in dorms was a really good practice for moving on to college."

4) Cultural competency and increased equity by decreasing stereotypes.

- "They focused more on' holistic medicine. Because', Western medicine doesn't always agree with holistic medicine. So, you don't really hear about it that much. But they would bring in professionals to talk about it. And 'it's just so different coming from rural America to see these things and then be like, Wait a second. There are a couple of things that we do already that kind of intersect."
- "Just the awareness is really helpful, 'living in Western North Carolina, it's important to share that knowledge and to share that information because 'we live right beside the reservation, 'we're right there' in the middle of it all. And 'making sure 'the awareness is spread about things that are happening, 'the information that is not being shared is really important. 'because 'the Indigenous population is so involved in 'North Carolina and in the Appalachian Community that it is like why wouldn't we continue to have it in there."

- “it helps with stereotypes with health issues. ‘When people think of health issues of Native Americans, I mean, like, it is a stereotype but it's also kind of true, we do have a higher statistic, but we need to start looking at why. Why do we have this higher statistic? Why do we have to be known as this? Why can't we do something about it? So, I think that is very important to understand the I don't think you'll really be able to understand a Native American community unless you're a part of one. ‘But I do think you can learn how the Native American community operates.’ so it's not just our generation. It goes all the way up to my grandparents. And keeps trickling down and trickling down and it's gonna keep doing that until we put a stop to it.”
- “It's a very good learning opportunity to get exposure to the culture, ‘especially for those that may not have a lot of roots in their culture. And then for those who are not Native to learn about a culture.’”
- “Up until recently, I did not know that there are people who actually just live in Waynesville who have never been to the reservation. Let alone knew Native Americans lived here.”
- ““there really isn't a lot of representation in a positive manner that is shown to the younger generation, but also for those that are non-Indigenous. I feel like it's a good opportunity to teach them that not everything you see on TV like ‘stereotypical Native Americans.’”

5) Higher education goals and support

- Many people in rural WNC may not support higher learning, “secondary education isn't necessarily supported. You know, it's not frowned upon that you go get a secondary education, but it's not really supported. I didn't even know graduate school, ‘a PhD. was a thing. Like, I knew people had PhDs. I was like, I don't know how to do that. You know, I

don't know what it takes to get there. And MeDCat brought that to light. And really, I understood what education meant for me. How I was going to use it to better me intellectually, but also better the people I was helping.”

- MeDCaT, “brought to light how you can do ‘way more than ‘you think you can and that was very pushed both times, both years. I saw that in myself and that improvement.”

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Appendix

1. Interview Questions
2. Email to past alumni
2. Initial Coding
3. Dogwood Coding
4. Center for Native Health Coding

1. Interview questions

1. What years did you attend MeDCaT? What high school were you attending at the time?
2. What brought you to MeDCaT? What do you remember most from your MeDCaT Experience?
3. Did you receive a certificate while in high school (EMT, CNA, Pharmacy Tech)? Did you use this certificate right out of high school?
4. Are you currently working within the healthcare field? What job? If you didn't work in health care, did you go into something else? Did you have enough support to enter the field of medicine you wanted? What services could be helpful for the next step of medical training or career in general?
5. Was MeDCaT a helpful experience, why or why not? What were the things you felt were most important about the program? What things helped you feel supported throughout the program?
6. What about MeDCaT could be improved? Now that you have moved on in life and careers, what would you have liked to see during your MeDCaT time?
7. How do you keep in touch with MeDCaT Peers? Was MeDCaT helpful for resource gaining and networking? What format would be best for keeping in touch with your peers?
8. If you have not completed a degree track, what could help support you to do so? If you have completed a career track in college what was helpful or not helpful? What track? What can be done to help students transition into college life better? What programs do you think would be interesting or useful to add to MeDCaT for the future student cohorts?
9. Did you have a mentor during your MeDCaT experience? Was having a mentor helpful to you? Why or why not?
10. What is the importance of MeDCaT in relation to community; families, school etc? MeDCaT is not just Indigenous students as it was at the start, why are Indigenous research methods and culture an important part of the curriculum?

- 11. How did your vision, identity, values and/or history of yourself change during MeDCaT?
- 12. Would you like to be involved with MeDCaT now or in the future? If so, in what capacity?
- 13. Anything else you would like to add to help make the future cohorts as successful as possible?

2. Email to alumni

Hello alumni of MeDCaT,

I am a current graduate student working in partnership with the Center for Native Health while studying for my Master of Public Health through UNC Chapel Hill. I am writing a research paper about the strengths and challenges of the MeDCaT program to help ensure the success of future students. I am searching for people who have graduated from the program and are willing to answer some questions. In appreciation of your time a \$50 Visa gift card will be mailed to you after a completed interview. The 30–60-minute interviews will be conducted via zoom or telephone, at a time convenient to you. This is completely confidential and anonymous. Both those students who advanced to medical fields and those who did not are encouraged to reach out. Please contact me or Madison Leatherwood who is a MeDCaT Alumnus and Director of Programming for Center for Native Health, (madison_leatherwood@centerfornativehealth.org) with any questions or to sign up to help.

Thank you so much for your time,
 Mary Newman, BSN, RN, MPH Candidate
 Text 847-778-9882
mnewman2@unc.edu

1. 3. Below table showing initial coding of interview data.

Question	Themes	Quotes
1 What years did you attend MeDCaT? (Some students went more than 1 year)	2013 x 2 2014 x 2 2015 x3 2016 x4 2017 x 1 2018 x 2 2019 x 2 2020 x 1	

<p>What high school were you attending at the time?</p>	<p>Swain County High School, Robbinsville High School, Cherokee High School, Smoky Mountain High School, Andrews High School, Murphy High School</p>	
<p>2 What brought you to MeDCaT?</p>	<p>teacher influence x8 family in medical care x3 HOSA club (Health Occupation Students of America) x2 wanting to help others. encouragement of friends already in program wanting to attend med school</p>	<ul style="list-style-type: none"> • “I was a ‘quiet student. I wasn't very outgoing. I kind of kept to myself. So, when I was in (health science teacher’s) classes, she would bring the opportunities to me’. She would ‘just put me into stuff to help me get out of my little bubble’. So, she introduced me to MeDCaT. I showed interest in it and I told her I wanted to go.” • ““it was ‘in my teacher who also did a CNA course at high school. She always talked about MeDCaT and how great it was. So, I ‘just decided to sign up and see what it was all about and ended up liking it.” • “High school health teacher ‘She introduced me to the program and said I would be a good fit and I decided to go.” • “Health Sciences teacher’ told us about it.” • “teacher ‘wanted all her students to go and ‘I was down for it. I thought it was gonna be a great idea. I was just excited to go when she presented us with what it was going to be like.” • “I was taking anatomy and physiology classes, and I was getting my CNA my senior year. So, I was at that point in time, like heading into like the nursing field. So that was what

		got me into it. ‘One of my teachers had told us about it in our classes.’”
<p>What do you remember most from your MeDCaT Experience?</p>	<p>Investment of people involved, feelings of comradery of common goal, friends for life x 4, level 1 trauma experience at WF x2 speaking with professionals, visiting the regenerative medicine facilities at WF x4, connections x5, create a team feeling without the typical high school group factions, cath lab, exposure to hospitals, working in teams on projects,</p>	<ul style="list-style-type: none"> • “The people were just so invested in the students, and it was just such a great experience because it was really a time for you to kind of drop your school rivalries and all be together and be like,” Hey, we're the future of our communities. We ‘got to get it together.’” • “‘the camaraderie and everyone working towards a common goal. ‘they'll make friends for life, but you don't realize that until you're later on down the road.’” • “Literally, it was the best time of my high school career.” • “‘the friendships. ‘I'm still friends with people that I met’. I remember one of the people who were in our group, they knew how to play piano and so there was a piano in our dorm that we were staying in. So, they would play piano, and we would all come sing. We all hung out together, wasn't like little groups of our schools, ‘it was like, all of us together, that was amazing.’” • “. visiting Wake Forest Baptist, the most and the Children's Hospital” • “being able to go and see a real hospital before you actually get to that point, being able to ‘get hands on’, ‘gave students the opportunity to work on a project together before they go to college and ‘working on

		<p>projects with a bunch of other people.”</p> <ul style="list-style-type: none">• “the trauma center in the hospital where we went. That was really, ‘impactful because at the time I wanted to go into health and be either a nurse or a doctor and now I’m in a Ph. D. program for chemistry.”• “visiting the hospital doing our presentations.”• Meeting people, “those students that were with us from different schools.”• “Opened a lot of doors for me.”• “The connections I made while I was there.”• “Several friends that have become lifelong friends.”• “The ‘roommate that I had my first summer, I still talk to her all the time. ‘She invited me to her wedding’.”• Visiting, “the regenerative medicine institute. ‘It was very exciting to be able to go into the facility and to see exactly what was going on behind the scenes and see’ what the ‘public doesn’t get to see.”• “Definitely pushed me in the direction of healthcare and ‘I had no idea anything about health care. I just knew I found it interesting. So going to MeDCaT ‘motivated me and ‘piqued that interest to actually do it.”• “I absolutely loved it. I enjoyed my years there tremendously because not only was I exposed to a variety of different medical fields, I made some very good connections and some very
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		<p>good friends that I currently keep in touch with now.”</p> <ul style="list-style-type: none"> • “Having the ability to go and speak with professionals in the medical field that I was interested in’. ‘Those professionals, who normally you would see ‘rushing through the halls and going everywhere to take the time out of their day just to speak to the students and give them more information about what exactly they did during the time.”
<p>3 Did you receive a certificate while in high school (EMT, CNA, Pharmacy Tech)?</p>	<ul style="list-style-type: none"> • CNA x4, Pharm Tech x2, scheduling made difficult by when pharm tech class offered. <p>Wanted to but...</p> <ul style="list-style-type: none"> • no pharm tech teacher at the time • other classes at school conflicted with time of CNA class. • required age of certification for EMT restricted ability to get license. • Realized CNA wasn't for me 	<ul style="list-style-type: none"> • “In high school, we did have a class that could get you your CNA certification, but it was at the same time as AP Bio was, so I was unable to take that because I was trying to get AP credits. So, I definitely could have graduated and already had my CNA certification, but just due to that scheduling, it was ‘difficult.” • “They did offer an EMT class. Unfortunately, because of the age limits you only had so many days after the completion of the class to go and get your state certification. And a couple of our students would not be the age of 18 before the deadline so that was a little bit disappointing.” • “I ended up having to completely ‘reschedule my entire senior year to make sure I could take my pharm Tech course and still be able to graduate.” • Yes, “CNA, pharmacy technician, my associates, ‘through dual enrollment’, and

		<p>medical assisting while I was in high school”- current BSN student.</p> <ul style="list-style-type: none"> • I took the class to be ‘CNA’. When I started clinicals at the nursing home it was not for me. I couldn't finish the clinical hours. So, I just finished the course load and dropped out of the clinicals. So, I wasn't eligible.” for a CNA license
<p>Did you use this certificate right out of high school?</p>	<p>mixed responses, about 5 yes and 5 no. One participant working as CNA was while still in high school, another as pharm tech in high school and post-high school</p>	<ul style="list-style-type: none"> • “So yes, my senior year of high school, I got my CNA license. That's really when I figured out blood and guts wasn't for me.” • “I'm working right now as a CNA.” • Worked as a pharmacy tech “some during high school and after high school. I was a farm tech for about five years.” • “I worked for a long-term care facility for two years with my CNA. ‘After that, for ‘almost three years I've been a medical assistant at a primary care and urgent care clinic.”
<p>4 Are you currently working within the healthcare field? What job? If you didn't work in health care did you go into something else?</p>	<p>Many working or continuing studies working in healthcare, premed students, PhD students, medical resident, and CNA x2 , EMT, pharm tech, BSN student</p>	<ul style="list-style-type: none"> • 7/10 pursued a Healthcare or STEM focused degree path in higher education. • 10/10 participants went on to some type of higher-level education past high school. • 8/10 have a job in Healthcare or STEM related fields.
<p>Did you have enough support to enter the field of</p>	<p>Yes most, did not know which field and helped to decide which field</p>	<ul style="list-style-type: none"> • “MeDCaT ‘helped me realize that I did want to do (med school). Yeah, so it ‘piqued an interest, but it wasn't

<p>medicine you wanted?</p>		<p>something that ‘pushed me in that direction, directly.’</p> <ul style="list-style-type: none"> • When starting college, “I was 17, living two and a half hours from my parents. I absolutely hated it.” The MeDCaT program director said “it’s gonna be fine. ‘it’s all gonna get figured out. And here I am. I’m in nursing school. Wow, my second semester now.” • “a lot of resources as far as people to get advice from.” • “Some of the facilities that I’ve actually applied to for a job, do not count some of my clinical rotations as experience because it was during the pandemic, so it’s very difficult for me. ‘I just am fairly disappointed. That it’s so hard for me to find the job because I’m considered inexperienced.”
<p>What services could be helpful for the next step of medical training?</p>	<p>Professional mentorships, shadowing or talking to, physician mentor professionals, visiting other colleges and universities, support in undergrad with transition</p>	<ul style="list-style-type: none"> • On visiting other colleges aside from WF-“Western Carolina University, which I think would be great because it’s a lot closer to our area than Wake Forest.” • “a physician mentor program can be ‘helpful. I ‘just didn’t get to meet any physician’s period. Having that additional support and mentorship I think would have been ‘helpful for me.” • “I was very hesitant at first to try and ask for help because I felt like I would probably be looked at it as if I wasn’t good enough to be in the classes that I was taking. So that ‘kept me from asking for help. But now after I got past that, and I’m more open to having support

		<p>and understanding that it's not nothing to be ashamed of. Like it's not, a bad thing to ask for help.”</p>
<p>5 Was MeDCaT a helpful experience, why or why not?</p>	<p>Brought out of shell, made friends with similar kids, seeing other hospitals, opened doors, created contacts, led to job, learned independence</p>	<ul style="list-style-type: none"> • “Really ‘showed me that I could live without ‘being at home. Without my parents for a little bit. I was just a very scared child. I was not comfortable leaving home. But you really have to push those boundaries sometimes. So, it was for the better.” • “It really brought me out of my shell.” • “I made a lot of good relationships and friends that I would have never met. ‘It prepared me ‘for college life because it was right before I went to college. ‘it really just exposed us to a lot of different medical career options.” • “MeDCaT has opened a lot of doors for me. From the time I was a junior in high school until now.” ‘I’m getting ready to start working on my Master’s. It’s just done so much.” -student 2 years post bachelor’s degree. • ““going to MeDCaT was ‘my first real time being away from home ‘for an extended period of time.” • “I’m just very thankful to have had that opportunity because it’s a big part of the reason why I’m sitting here sweaty and in scrubs.” -a resident after a 12-hour shift. • “It led me to my first job directly after I graduated from college.”

		<ul style="list-style-type: none"> • “It opened up a lot of doors” a previous director “wrote a reference letter for me to get a \$5000 scholarship here and I got it.” • Helped me decide between being a nurse or something else, “‘in the healthcare field” MeDCaT, “was’ helpful and exposed me to a lot of different, interdisciplinary ‘professions.” -current BSN student. • “We got to go to ‘a place where they tested monkeys with medicine. ‘it’s not what I want to do. But it’s cool to see ‘the different sides of healthcare like rehab, ‘bio imaging. ‘it relates to what I’m doing and ‘who I’m taking care of.” • “‘it’s ‘nice to see what a bigger hospital is like compared to ‘my tiny little hospital that I’m used to.”
<p>What were the things you felt were most important about the program?</p>	<p>Visiting WF Regenerative Medicine Institute and trauma center, connections made, learning to present medical information, end of summer presentations, exposure to more urban city hospitals, learning about professionalism, public speaking, giving and getting feedback, learning that medical professionals aren’t always doing hands on patient care, teamwork, sim labs,</p>	<ul style="list-style-type: none"> • “the freedom to ask questions, the freedom to say, ‘I really like what you do. Can you tell me more about it? That honestly made it feel like we were there for a reason rather than just going away ‘for a summer.” • “‘my health class teacher advisors, ‘I knew them ‘from school’. And then I met some of the other ones from the different, ‘surrounding schools. ‘they’re very supportive.” • “‘Western North Carolina is very rural. So, it was different to see the Winston Salem area health care.”

		<ul style="list-style-type: none">• “My parents were always like; you don't tell people you're Native it's not something you brag about. It's not something you bring up. You just if someone asks you just go on about your day. So, when I figured out in high school that I could use that as an asset. Like, obviously doors started opening up.”• “The other students, and the opportunity is to learn how to talk to people about medicine. And the presentation that we did were very helpful in able to talk about those things”• “the hospital visits and ‘the simulation labs”• taught us teamwork because ‘we had to branch out and make friends. So that was, that was good. But secondly, we were able to learn, ‘give each other pointers within the group that were really helpful.”• “Seeing the broad range of health services. ‘Doctors that work hands on with patients, ‘to someone who did research on mice.’there's a whole different realm. ‘If you don't want to do hands on with a patient, you could do so many other things.”• “The presentation ‘to the group at the end of the summer. ‘We all got dressed up. ‘We learned what business casual was, ‘we got feedback, and we were still in high school. ‘That was really helpful not only for my senior project in high school, but it was even helpful today” -PhD student
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		<ul style="list-style-type: none"> • seeing the innovation of the medical fields at that point in time, ‘being able to ‘visit like a lab where we could like mess with some of the surgical instruments, ‘actually seeing it and being able to ‘do something in real life, things that people actually have to do. when’ they’re doing nurse ‘training or ‘a doctor training like in med school.’” • “The projects that they assigned to us throughout the week. It really provided us with opportunities to converse and to interact with people that we might not see daily, or ‘just expand our horizons and get to make new friendships. People that we might not see on a regular basis.” • “I always thought it was weird that ‘my parents were always like, hide it. Don't tell anyone about it. Don't talk about it. But you know, marginalized people.” • examined all ‘the different aspects of medicine because you had your research, ‘physical therapy, ‘occupational therapy’. I was intended pre-med student and I was in high school. And it gave me a lot of information that I probably otherwise never would have gotten.”
<p>What things helped you feel supported throughout the program?</p>	<p>The teachers and leaders of MeDCaT x 5, availability staff, privacy respected, encouragement, accessibility, help and support of MeDCaT staff, the other students, willingness of teachers to accept</p>	<ul style="list-style-type: none"> • “So, the most helpful thing ‘was that MeDCaT just doesn't show you like the first line of healthcare workers that you think of, like doctors and nurses and CNAs. ‘if you don't want to work with direct

	<p>and answer questions, schoolmate camaraderie</p>	<p>patient care, maybe we can hook you up with some researchers. Let's go see a research lab. It's just showing people how broad healthcare can be.”</p> <ul style="list-style-type: none"> • “Being there with people from my school was really helpful, having a lot of time to spend with the other students that were there, being able to do some’ group activities.” • Really, everybody, • ““the people in general, all very supportive, our teachers, our MeDCaT instructors, the program leaders, everybody was just ‘supportive.’” • “I could ask ‘any of the staff, like, you know, what can I do to ‘do better in this field and ‘they were always ‘right there ready to help. ‘it showed that that they wanted us to improve’.” • About a MeDCaT teacher, “she's the most supportive person on this planet. And whatever dream you have, she was like, do it and she will help you in any way possible.”“the people, even at the alumni meeting the other day, it was just great to hear people, you know, some people you're like, I want to be a doctor and they're like, “Oh, you want to do that?” but everyone there, just like, “Oh, that's great. Yeah, we need more doctors. We need more people around here.” So ‘those people being encouraging and especially as a first-generation college student, I don't have a lot of resources that maybe
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		<p>some other people have. So just to have those people be at my disposal is 'great. And they've offered themselves as resources to me.”</p> <ul style="list-style-type: none"> • MeDCaT faculty “were always there when we needed them. Even after we had long since graduated.” • “All of the High School Health teachers that were there were another big support for us.” • “All the other students” • “(MeDCaT) support is continuous and I am absolutely thrilled that they are willing to go above and beyond for the ‘current and past students. ‘I'm looking forward to what they will do in the future.” • “The constant availability, to have somebody check in on you, ‘they were always asking how we were doing, if we needed things. If ‘we needed to talk privately they, would you know make time or be able to take you somewhere. If you felt like you couldn't say it in front of the group that you would have that one on one.” • The program director, “was very encouraging and trying ‘to make sure I got my schoolwork done and ‘they made sure that was a priority for me.”
<p>6 What about MeDCaT could be improved?</p>	<p>Get other universities involved not just rural universities, more focus on medicine and less on topics that could be less medical related, mentors, more support with the idea of spending time away from home, wifi, transportation, earlier</p>	<ul style="list-style-type: none"> • ““more mentorship having some kind of piece where students can either shadow or go talk with someone or just to have like a professional mentor, I guess someone to really take you under their

	<p>introduction to MeDCaT as early as 8th grade, expand exposure to students outside health science classes. Some of the summer lectures were boring and only geared towards people interested in that field possible solution to gear towards student interests and have more open dialogue about what student led interests are, better follow up post high school graduation, quarterly email may work well, help and guidance with the requirements for college and certain jobs, more summer sessions for students to attend, more hands-on training, exposure to more career options, networking later in high school not so much early on before networks are needed, shorter classes throughout year in addition to the camps</p>	<p>wing and kind of give you a clue to where you're at.”</p> <ul style="list-style-type: none"> • “We had a lot of seminars on ‘fracking and like just some public health stuff that wasn't necessarily related to healthcare in the sense,’ it just seemed ‘less medical. ‘With a name like MeDCaT, which is medical careers and technology, I really wasn't expecting to hear about fracking ‘or ‘deforestation. ‘I think those things are very important, but in the context of the program, it didn't really make sense.” • “‘mentorship program which I would have loved ‘when I was still in high school, ‘someone in my same position that could just give advice or ‘a little bit of guidance ‘If that did exist, whenever I was younger, I would have used it so much. ‘Especially if you could find someone who was on the same career path that you want to go into.” • “‘wish we dove more into what else you can do in healthcare.” • “‘going out to see different people or even having them come to us and do a small little presentation.” • I don't enjoy long, super long research presentations. So, if they could just have it in a certain timeframe” more appropriate for high schoolers.” • “One on one time with a more diverse range.” of professions • “‘because Western Carolina is such rural area,students are
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		<p>kind of shorthanded for the accessibility to certain things, whether it be Wi Fi or transportation.”</p> <ul style="list-style-type: none"> • “I know a lot of the students that were interested in MeDCaT when I was in school, they had never left home before for that long period of time. So, they were very hesitant and ‘unnerved by the thought of being away from home in a different place. The idea of going out into the world and seeing something different is scary for those who haven't really had a good experience or maybe haven't been told of the positive things that come from it.” • ““what requirements different places are wanting for their students, so they can go ahead and get those in our heads. ‘Most of the time, it's ‘sophomores and juniors who are going to it so that way they can go ahead and get that step up, and know what they need to be working towards for those things.” on college admissions procedures • • Like it was kind of like you work in those two fields. There's kind of like this or that but not a lot in between. • ““more hands-on things. I know it's ‘hard to do ‘patient care ‘but just more hands-on stuff.” • “The networking, like the dinners and all of that is important. But’ we were so early in our careers or ‘path. They weren't super beneficial.”
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		<ul style="list-style-type: none">• “I did not learn until I got to college” I “don't have to be a nurse to be a doctor. ‘I know it sounds so silly, but that's what I thought in my head. That was because no one told me any different. I don't have people who are doctors in my family, ‘my mom and dad didn't even go to college. So, I didn't know that you could be a doctor and not have to be a nurse. So, when I signed up for undergraduate, I signed up as a nursing student. And when I went in there I was like, this was not what I thought it was.” “So, I think understanding their backgrounds in terms of how they got to where they are is really helpful.” -PhD chem student• “100% I wish I could have gone more than twice.”• “‘having ‘some sort of’ mentorship group would be good, like connecting folks to other like people’ in the state, like who've been working in the same field that you're trying to head into, because ‘sometimes it gets difficult whenever you're feeling like you're the only one or like where I was struggling with anatomy and physiology, but like, maybe having someone else who can be like, Yeah, I've struggled with it too. But this is what you can do to like, try to work through it.”• “ (MeDCaT) should be introduced early on, ‘letting the kids know about the program ahead of time. There are some kids that may not be
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		<p>in the health care or the health science classes in school. 'there might be other students that may not feel like they could actually take the health classes that might be interested in (MeDCaT) given the opportunity. 'it should be, 'advertised more, 'not only to the Health Science students, but as well as to the general students who might be curious.'"</p> <ul style="list-style-type: none"> • "follow up could be better. 'I've been out of the program, 'quite a few years now. 'I've heard only 'occasional things from folks. And that's because I'm really good friends with them but 'following up more frequently 'could be an asset to the program" • At MeDCaT camp "I got bored a little bit. 'Some stuff was very boring. I get it 'different fields of healthcare and somebody might be interested in it. But ', we would sit in some very, not interesting speakers or conversation topics. And it's so boring, or 'I'm falling asleep." • Would like to see more"collaborative or 'hands on or 'student led discussions on what they think or on what they want to go into."
<p>Now that you have moved on in life and careers, what would you have liked to see during your MeDCaT time?</p>	<p>Increase in partnerships, a college version on MeDCaT, encourage entry level medical jobs, learning more about what a day in the life is like for medical professionals and students, more choices in classes of interest, smaller</p>	<ul style="list-style-type: none"> • "Encourage entry level jobs a little more, it would be great because every nurse that I've worked with that worked as a CNA before, they got their (nurse)certification. They're just a lot better to work with. They understand. 'Being a

	<p>group sessions, more cooperative experiences, more disease pathway, and factor exposure, visiting other campuses and learning about their medical and nursing programs, dental or sports medicine</p>	<p>doctor, 'you're at the top of the 'pyramid. 'Coming from a place where I've worked at an entry level job, especially as a CNA, 'it just puts a different perspective and 'helps make healthcare teams a little more understanding of each other. 'When I do become a doctor, the fact that I was a CNA will have a great 'effect on my entire career'''</p> <ul style="list-style-type: none"> • ““seeing what ‘a day in the life of ‘a medical student versus a nursing student maybe talking to other health professionals ‘more frequently because I feel like we've done a lot of the research like these are the cool things we have but not, this is what it's like to live my life on a day-to-day basis.” • “More cooperation, ‘in my job now we cooperate with all different kinds of people all the time. ‘We have cooperative meetings with the same nurses, our domestic partnership people, and ‘different law enforcement groups. So just seeing what kind of cooperatives they have as well.” • “More flexibility with courses, “being able to pick and choose.” • MeDCaT was ‘super focused on hospital work ‘or emergency services. So ‘you're ‘missing this whole realm of healthcare. ‘sports medicine like athletic training programs, or dental programs” • “Having smaller group sessions about different
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		<p>disease pathways or different interest groups.”</p> <ul style="list-style-type: none"> • ““something to do with strokes also. ‘The main focus is diabetes, because that's a big issue with the tribe but also bringing in other health factors, different things.” • “Making connections to other campuses ‘might be helpful because not everyone is going to end up Wake. “If not having MeDCaT at’ a different campus each year, ‘maybe having ‘little mini trips throughout the year that students could participate in to’ visit other campuses. ‘Being able to experience ‘what other campuses look like and also being able to know’ what the other nursing programs and other’ medical programs look like, as well.” • “I would have liked to have seen more like short classes throughout the year.”
<p>7 How do you keep in touch with MeDCaT Peers?</p>	<p>Social media x10, seeing past MeDCaT students around campus</p>	<ul style="list-style-type: none"> • it's usually through social media because there are a couple of them that after school, they moved out of state for college or just you know, for personal reasons
<p>Was MeDCaT helpful for resource gaining and networking?</p>	<p>Yes most, taught resource and networking skills which continue today, familiar face in halls of higher ed, connecting with other students from western counties, networking may have started too early for career planning for some students</p>	<ul style="list-style-type: none"> • “Network or no work” • “We were with people from, ‘all ‘the western counties. So ‘even though we all went to similar schools, ‘we all had our different things and ‘we were able to build connections. While we were there and ‘get to know each other.” • “I ‘distinctly remember some of the ‘advisors that were

		<p>there, 'some of those folks taught at Western and so I would occasionally see them in passing and that was' helpful to be able to 'recognize that. Oh, I remember this person. They were at MeDCaT with me, and they helped support me while I was there. And so, I know that I can still go to them now if I needed to.'" -past student with a Master's degree</p> <ul style="list-style-type: none">• "still have the portfolio we were given when we first went to MeDCaT. And I have every business card I've ever been given. I've got all of the emails, 'the phone numbers, 'all of their information still, after so many years of being out. It's still something that I keep going. It's something that I keep, not only for the MeDCaT resources that I have, but also other ones that I've accumulated over the years."• MeDCaT students, "'get closer to the people that they're in class with. They get to spend whole week with them. 'Also branching out to other students, from other schools and getting to network.'"• "It was just really nice to 'make those friends from different schools because otherwise I probably wouldn't have ever made friends from the other schools."• "More useful' on a peer level rather than the interactions with professionals, 'because we were just 'too soon in our, it's funny to say careers, but I guess that's what it is because you're starting to build that
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		network. But I think we were just too early on.”
What format would be best for keeping in touch with your peers?	Facebook x 5 Instagram x 8 snapchat x 5 Emails x 3	<ul style="list-style-type: none"> • “I don't really use Facebook that much. But I do use Instagram. And same thing with ‘pretty much everybody I went to MeDCaT with.” • “Emails quarterly, getting updated contact information from people that we were in the program with.’the more we talk to each other ‘the more willing we are to get together.” • “Probably Facebook and Instagram, those are the ones’ I see people the most active on and they're easier to create events.” • “An alumni email updated every year.” • “a yearly updated email list” • Emails and social media “both would probably be most effective. Having to ‘scroll through and see a reminder on your feed” as a reminder that, “I need to go look at that email is always nice.”
8 If you have not completed a degree track, what could help support you to do so?	Help with personal statement, advice to undergrad students,	<ul style="list-style-type: none"> • “a lot of the resources they did provide are more for graduate programs. So, if there was ‘someone willing to give advice to undergraduate students, maybe that in the sense of applying to grad school. ‘Help with like personal statements”
If you have completed a career track in college what was helpful or not helpful?	Broad info about different healthcare work options, learning to be professional and presentable, preparing for professional interviews, dorm room practice	<ul style="list-style-type: none"> • “I was a first generation college student and that can be rough.” • “I actually ended up having her as a professor after I went through MeDCaT, so there

		<p>was really a MeDCaT person kind of anywhere I turned when I was going through school, which is really a blessing.”</p> <ul style="list-style-type: none"> • The way you present yourself, ‘you’re given the choice to be responsible and presentable because of them trusting you to go to these facilities and learn. Because a lot of the people that we spoke to ‘were very professional. • “So, I think it also helped to prepare me for ‘living on campus, ‘since we stayed at a college and were able to ‘be on campus ‘helped me to be able to ‘navigate campus a little bit better and be able to kind of know what things like I would need to know.” • “staying in dorms was a ‘good practice for moving on to college.” • Presenters told us “The first impression is always going to be the main one that people are going to refer back to and you can never redo it. So, we always knew they expected us ‘to behave a certain way and to see how they did it in everyday life was actually something that I carried with me.” • I wanted to do the physician track for like a long time before I came to MeDCaT but what really motivated me was like talking to” the people running MeDCaT. “And keeping in touch with them.”
<p>What can be done to help students</p>	<p>MeDCaT college version or club, mental health services, continuous resources,</p>	<ul style="list-style-type: none"> • “Mental health! Kids need mental health resources too. It’s not just adults that are

<p>transition into college life better?</p>	<p>improved wifi, time management assistance, more education in organizing thoughts and refining PowerPoint presentations, mental health during camp, follow up after high school graduation, assistance in applying to med school or other advanced degree applications, follow ups with students in Jr/senior year, MeDCaT support group for college students, dorm for MeDCaT students, seeing colleges and universities that are not private</p>	<p>messed up. It's everyone at some point.”</p> <ul style="list-style-type: none"> • “‘time management, a lot of people who are probably not familiar with being on their own.’ it's really difficult to do time management and to keep up with things.” • “‘after graduation follow-up would have been nice ‘to connect us with other people who were also in nursing programs and like pre-nursing’. Because where I like started, faltering was in like, I've taken anatomy and physiology in high school, but then going from the high school anatomy and physiology to the college (level classes) that's where I got lost. ‘And that's whenever I decided to switch into a different field.’ -employee in public education. • “‘having ‘a mental health ‘topic of discussion like or project every summer, every week.’” • “I feel like a mental health related topic would be important.” • “I joined an organization on campus for pre-health students. ‘Basically, all pre-meds, nursing students that wanted to join would live in the same dorm, they would all study together, that sort of thing. MeDCaT can mirror that because it was helpful making friends that were also new’. ‘it's really helpful to have study groups that everybody's in the same boat.’”
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		<ul style="list-style-type: none">• “I know internet accessibility is very limited in some places, and with the whole hybrid programs and ‘students may not have the ability to access tests or ‘be able to submit assignments until the morning they returned to campus. ‘it was more when we were away from campus or ‘if we would have met up with people to study in a group it was difficult to find a decent enough Wi Fi service.”• “A lot of people in our region end up staying at Western and attending St. John University. So although it was really great for us to go to ‘Wake Forest and be able to see that medical side of things, maybe doing, a split campus kind of thing. Because a lot of us don't necessarily have the money to end up at a private school like Wake Forest. And so, although Wake Forest has like the big like, medical hospital and all of the’ innovation, ‘a lot of us tend to stay closer to home whenever we go to school. So maybe having some sort of split where’ half the week ‘for us doing the medical innovation stuff, where the other half of the week you're at Western ‘focusing more on like team building and like the nitty gritty part of it.”• follow-up” ‘as a junior because at that point, you should be getting ready to ‘think about college, where you're going to go, applications. holding some kind of session where we talk about college essays, FASFA,
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		<p>just extra resources like that. filling out your college application, ‘between their junior and senior year, just inviting them to come back and say, hey, you should be looking at colleges. Where what do you think you want to do? Where do you think you want to go? Because I think that's lacking.”</p> <ul style="list-style-type: none">• Dorm life, “getting the experience of living on your own, waking yourself up in the morning like getting ready for the day is good practice and important.”• ““my transitioning from high school to college was a big wakeup call because I was immediately thrown out into the world. I was given a workload and expected to still be social and have interactions with friends outside of the classroom. And my first year of college, I was taking 18 credit hours. I had a full-time job. I didn't have much of a social life and I ‘ended up experiencing burnout my first year of college. ‘The pressure ‘to make sure you maintain a good GPA is there because you don't want to disappoint anybody’.”• “I ended up forgetting that my physical and mental health also was important. So, I ended up experiencing burnout.”• “Like a college version of MeDCaT. Because one thing I learned going through college is like no one knows what they're doing. No one really knows what they're getting
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		<p>themselves into. You're not going to until you're in it. So, I think a program like that would kind of help a lot of people out. Plus you're out of high school and you kind of have more of a, I don't know maybe, 'like a seriousness about it like this is my life. I have to do something' maybe this can help me figure it out.”</p> <ul style="list-style-type: none"> • “When I was doing my mentoring that year, I noticed that a lot of the kids weren’t exactly sure how they should do their (PPT)slides ‘it was very chaotic for them. ‘They had all the information and weren't exactly sure how to work it in a way that it would come across as jumbled’ thoughts” • “a lot of the students at that time struggled with organization and making sure that their research was covered properly.” • “it's hard to try to make that transition. That's just a hard transition for anyone. So, I think ‘mentorship and ‘having a database knowing where all your alumni are, if there are more MeDCaT kids in that school, hey, can you guys hook up together and maybe you can find solace in each other and comfort.”
<p>What programs do you think would be interesting or useful to add to MeDCaT for the</p>	<p>More specialists or research options, more university/college tours or partnerships, exploring more partnerships which collaborate with healthcare workers, seeing how small town hospitals operate too, mentors,</p>	<ul style="list-style-type: none"> • ““have different universities involved. Wake Forest is a great school. It's very prestigious, but that's another thing that rural America isn't really used to is prestige. So not that Wake Forest isn't

<p>future student cohorts?</p>	<p>college level summer credit classes example given was a program Chapel Hill runs in summers, more clinical hours or patient care opportunities, nurse or doctor shadowing</p>	<p>attainable, but I think maybe more realistic options. Like Western and ETSU and UT even”</p> <ul style="list-style-type: none"> • “adding ‘new ‘broader areas of healthcare like ‘first responders’, maybe ‘law enforcement or public service like police department or fire department’. ‘Seeing how they collaborate with the rest of healthcare professionals.” • ““being able to see more ‘surgery ‘and actual’ doctors and nurses ‘in their moment, ‘doing what they do. Actually, being able to see it and ‘talk to some of those doctors and nurses. ‘how do they know what to do and to learn their thought process.” • In addition to traditional MeDCaT, ““a different program that's ‘more clinical based, you ‘actually do patient care and follow somebody in the field you want to go in, like a mentorship almost for ‘several weeks at a time. Some sort of internship.” • “having someone ‘encourage you and that's been through it, would be really helpful” • ““how small-town hospitals work compared to Wake, weeks massive, ‘see how they run things.” • ““there should be a highlight on the missing and murdered Indigenous women. ‘it’s an epidemic and no one's really noticing or doing anything about it.” • “UNC Chapel Hill as a program during the summers that teaches ‘anatomy, and
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		<p>‘health centered courses, ‘beginnings of pharmacology.’ “You could get your feet wet with anatomy.”</p> <ul style="list-style-type: none"> • Learning about, “different branches of medicine, ‘how there's a bunch of different things that you can do within ‘nursing or being a doctor, ‘there's so many different’ specialties. And so, having more time to spend looking into those might be helpful because a lot of times we just go based off of’ the people that we know and the things that we've been through for what we decide so being able to see all of the specialties would be.” useful for future cohorts of MeDCaT.
<p>9 Did you have a mentor during your MeDCaT experience? Was having a mentor helpful to you? Why or why not?</p>	<p>All 10 participants reported having a mentor was helpful even if the mentorship wasn’t an official mentorship or short-term during summer camp. Showed how to ask for help, helpful to see successful people, created hope, gave encouragement to succeed</p>	<ul style="list-style-type: none"> • “Showed me that ‘there are people out there that want you to succeed and that are willing to help you, if you just ask for help.” • “‘especially the first time I went to MeDCaT, that's helpful just to ‘have ‘a peer that I can go to and ask questions about, ‘what to expect, what are we doing?’” • “They were able to kind of reason a little bit more than the teachers or the chaperone at that time, because they probably had been in my shoes, and ‘had experienced the same feelings that I was feeling.” • “The mentor I had was very encouraging. I feel like we're told that we can't do it a lot. At least like rural students or like we should stay at home. There

		<p>are certain expectations like, you only go to nursing school and that's how far you go. It's a lot of the messaging I feel like we get from other people. But having someone there to continue to push me and say like, no, you're capable of this and you're going to be able to do this if you put your mind to it.</p> <ul style="list-style-type: none"> • “Very encouraging and hopeful.”
<p>10 What is the importance of MeDCaT in relation to community; families, school etc.?</p>	<p>Seeing people and not just patients, taught to care for the whole community, community wellness, teaching collaboration, focus on health issues related to specific community, exposure for rural students, community-based approach to health, strengthens communities, sets an example for future generations, links to resources outside community to bring back, learning about disease processes of interest to the community student is from</p>	<ul style="list-style-type: none"> • “the reservation where I grew up is very much community. But I mean you have communities everywhere you go. But at some point, when you go out and get your degree and you're coming back, you're not just taking care of patients anymore. Like this is someone's grandpa like it's not a number. These are people you're dealing with, you know, their thoughts, you know, the reasoning behind some of them. And I think that's really how we should go about fixing a lot of our problems is, ‘at a community angle because ‘that's who makes up the community, ‘different people. But it's all about working together and being collaborative.” • “It's great exposure for high school students from a rural area to have a different community to focus on. And while we were in MeDCaT, they did several ‘community based ‘situation scenarios, quality improvement ‘thing. I think implementing a lot of

		<p>those would be really helpful for the community.”</p> <ul style="list-style-type: none">• “allows students an opportunity to learn something that we couldn't have had the opportunity to learn in high school. Because once again, ‘We don't have the resources available. So I think being able to go and bring that back with new ideas on what we ‘should do within the community. ‘we can learn how we can go outside of our resources and learn to bring that back.”• “helps you to connect to the folks who are living in the same sort of communities as you and ‘have similar experiences of, most likely being low income and’ living in a very rural area. ‘that helps to build those connections and having your own little community in MeDCaT, ‘because a lot of our area has a lot of the same like health issues and things going on.”• “Spending time’ learning about how ‘diabetes really impacts our area and how ‘all the things that we have connections with, being able to sit there together and learn ‘to help us to build a community while we were there.• “it helped us to some of us to be able to stay connected afterwards too. So and I think ‘for ‘myself, ‘my family does have ‘a history with diabetes. So the last year that I went like the main focus was on diabetes and ‘how it affects the Native American population and’
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		<p>Appalachia as a whole, ‘So that was really helpful to’ be able to then bring back some of that knowledge and information that I learned there, to my family who does have diabetes.”</p> <ul style="list-style-type: none">• MeDCaT “helps keep the community healthy.”• “Provide like local people who know what core issues are issues that people face on a day to day basis, why they may not be able to achieve being as healthy as they want or having access to the resources they want.”• “a lot of us do have big interest in ‘rural health and returning home and providing care.”• high school community, ‘it helped it and improved it, ‘it showed us ‘we live in a small town, ‘there's opportunities for us, like for myself, ‘I want to return home, to my community, ‘they're supporting us, ‘we also have to ‘come back and give back to our community because ‘they are the ones who got us through basically.”• “Once you see that ‘community based approach, it just makes so much sense. And you, I just want to care for the whole community.”• ‘I don't think I would have ever gotten any opportunities to go out on my own to see the type of ‘professions or to have the experience of going behind the scenes.”• I have a couple of family members who have never been
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		<p>to a university because ‘they feel like they're not good enough to be able to try and even achieve that. So, I feel like seeing the Native kids have more representation and have more accessibility to go into these programs is really going to show the younger generation or maybe the ones that are a little bit hesitant that you can do and are deserving of being able to have that opportunity to go and better yourselves.’”</p> <ul style="list-style-type: none"> • “‘in our area specifically, we're just in such a rural area. ‘The closest hospital to my house is 45 minutes away. ‘Attending a program that ‘encourages people to go into medicine really helps our area because’, we need more health care workers in this area. ‘You just have more of a sense of understanding of this area if you've grown up in it. So, the demographic that you're treating, if you come from that same demographic ‘it's probably a lot easier to ‘avoid communication barriers’” • “‘Exposes career options to people ‘may not be exposed to otherwise. People going into those career options will help strengthen communities.’”
<p>MeDCaT is not just Indigenous students as it was at the start, why are Indigenous research methods and culture an</p>	<p>learning how to be an outsider coming in, providing more representation in healthcare especially in higher level professions, awareness of generational cultural oppression, better communication with</p>	<ul style="list-style-type: none"> • “‘They focused more on’ holistic medicine. Because’, Western medicine doesn't always agree with holistic medicine. So, you don't really hear about it that much. But they would bring in professionals to talk about it.

<p>important part of the curriculum?</p>	<p>community, help decrease stereotyping, identifies intersecting ideas, exposure to other cultures, to end intergenerational trauma, learning more about non-Indigenous culture, collaborating with Indigenous students as a team, cultural competency,</p>	<p>And 'it's just so different coming from rural America to see these things and then be like, Wait a second. There are a couple of things that we do already that kind of intersect.”</p> <ul style="list-style-type: none"> • ““for anyone going into healthcare, it's important to understand different cultures, especially those that are’ right in your back door, because’ I've grown up in Silva and Cherokees is ‘just down the road. So, it's really helpful to ‘explore that culture ‘especially from a healthcare point of view.” • ““you don't get that exposure, ‘in just any public school. ‘Even here in Knoxville, ‘the schools ‘don't touch on Native American. ‘They don't teach about them, ‘let alone their health, ‘health issues and things that need to be improved.” • “it helps with stereotypes with health issues. ‘When people think of health issues of Native Americans, I mean, like, it is a stereotype but it's also kind of true, we do have a higher statistic, but we need to start looking at why. Why do we have this higher statistic? Why do we have to be known as this? Why can't we do something about it? So, I think that is very important to understand the I don't think you'll really be able to understand a Native American community unless you're a part of one. ‘But I do think you can learn how the Native American community operates. ‘so, it's
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		<p>not just our generation. It goes all the way up to my grandparents. And keeps trickling down and trickling down and it's going to keep doing that until we put a stop to it.”</p> <ul style="list-style-type: none">• “it's kind of ‘a fading culture a little bit and I don't feel like a lot of medical research is geared towards that population. So, I think it's important to ‘focus on that’”• “I have grown up in this area my entire life. We have areas of reservation ‘in our town, and I've grown up with a lot of Indigenous people. I've never seen an Indigenous provider, not even any advanced practice providers like NPs or PAs’.• “Collaboration with Indigenous students, ‘all collaborating, ‘getting all our thoughts about it together. ‘Being able to explain to others why we do things differently, for example, ‘why powwows or why Native medicine and why is it different than normal?’”• ‘There really isn't a lot of representation in a positive manner that is shown to the younger generation, but also for those that are non-Indigenous. I feel like it's a good opportunity to teach them that not everything you see on TV like ‘stereotypical Native Americans.’”• “It’s a very good learning opportunity to get exposure to the culture, ‘especially for those that may not have a lot of roots in their culture. And
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		<p>then for those who are not Native to learn about a culture.”</p> <ul style="list-style-type: none">• “Up until recently, I did not know that there are people who actually just live in Waynesville who have never been to the reservation. Let alone knew Native Americans lived here.”• “So, if they ‘recruit people to go into healthcare, especially Indigenous people that would have that better understanding and have a lack of communication barriers. It would be ‘great for our area, because right now ‘it just doesn't exist, and it definitely should. I couldn't tell you a time that I've ‘walked into a facility and not seen a provider that's white. ‘I'm used to it. But when you think of Indigenous people, it's just completely different.”• “That's what this area was before everybody came here. ‘it's important that we stick to learning about that and how things were done. And then how things have expanded as well. So, I think it's essential to have that key component there.”• Often, ““we don't really take into consideration how some folks and some like diseases might affect people in different ways. ‘We do know now that’ diabetes does affect the Indigenous population, ‘a lot more because of the way that our country has treated them and forced them to’ have different food options ‘and the
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		<p>disparities there. ‘that's something that going into MeDCat, I didn't really know as much information about and then leaving from there ‘I was able to take that back to my family and friends and be like, this is something that's actually a real issue that we don't really talk about as much.</p> <ul style="list-style-type: none">• “Just the awareness is ‘helpful, ‘living in Western North Carolina, it's important to share that knowledge and to share that information because ‘we live right beside the reservation, ‘we're right there’ in the middle of it all. And ‘making sure ‘the awareness is spread about things that are happening, ‘the information that is not being shared is ‘important. ‘because ‘the Indigenous population is so involved in ‘North Carolina and in the Appalachian Community that it is like why wouldn't we continue to have it in there.”• “Helps to socially educate us. ‘Our rural communities” can have “a very insular one way of thinking and that's how, ‘things are done, and no one ever questions that.”• Indigenous teachings “gives a chance for kids who are not Indigenous to learn about issues facing the Indigenous community, and how we can get involved in things to be actually productive and be helpful.”• “provides ‘important context about the area that you grew up in that you may not
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		<p>completely understand. I feel like it gives the Indigenous community a chance to directly speak to people who may be interested in coming back and providing care in the area and saying, this is what we need. And if you are willing or able to provide that care, we would love for you to come back and be involved in that.”</p>
<p>11 How did your vision, identity, values and/or history of yourself change during MeDCaT?</p>	<p>Identity became an asset, community based health, open minded and community based approach, helped find career path that helped give back, became more engaged and outgoing, gained confidence, proved capabilities, shared resource availability, comfort in coming from a rural area, confidence, now see rationale for higher education, strengthened the skills already possessed, leadership experience, confidence communicating in groups, seeing the world as a whole, looking outside oneself at a bigger picture</p>	<ul style="list-style-type: none"> • “In Cherokee, ‘it’s a saying I carried around with me. You don’t make changes for ‘you. You make changes for the generations that are coming after you. You want to do good for the seventh generation.” • “‘it brought to light how you can do ‘way more than what you think you can and that was very pushed both times both years. I saw that in myself and that improvement.” • “I had no idea what I wanted to do as a career. But (MeDCaT)helped me solidify my career goals. ‘I’m a very goal-oriented person. ‘it definitely helped me to prioritize those goals. And it helped me get on more of a straight path and off the curvy winding road I had no idea I was on.” • (MeDCaT), “helped me ‘get out of my shell and be able to ‘work better in groups and be able to communicate with people that I didn’t know yet.” • “I wasn’t a very talkative person. I kept a lot to myself. But when given the chance to go to MeDCaT, I

		<p>was able to meet people that in a way were similar, that they may not have had much to say but we're willing to go and try new things. And 'now I'm a social butterfly because of MeDCaT."</p> <ul style="list-style-type: none"> • Many people in rural WNC may not support higher learning, "secondary education isn't0' necessarily supported. You know, it's not frowned upon that you go get a secondary education, but it's not really supported. I didn't even know graduate school, 'a PhD. was a thing. Like, I knew people had PhDs. I was like, I don't know how to do that. You know, I don't know what it takes to get there. And MeDCat brought that to light. And really, I understood what education meant for me. How I was going to use it to better me intellectually, but also better the people I was helping." • 'Before (MeDCaT) I was 'just a follower but after 'more of a leader. Lots of leadership skills and opportunities. Right now, I'm the president of my nursing cohort, so I probably wouldn't have done that without that leadership experience in the past."-BSN student • "Strengthened a couple qualities. I know I was independent before I went, 'after going I was like, Okay, I can do this." • "made me focus more on' the world and our community as a whole rather than just focusing on' myself and my own problems. Because although,
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		<p>‘some of the things, especially at that time that I was going through were ‘big, ‘it made me see that there was ‘so much more going on in the world and there's so much more work to be done. ‘that's something big that helped to change some of my values.”</p> <ul style="list-style-type: none">• “I really do want to emphasize how big of a difference it has made in my life just because ‘I had no idea I even wanted to do anything in healthcare. And now here I am pursuing a MD degree. ‘It was just a great experience and it just gave me resources that I otherwise would have had no idea even existed.”• “It encouraged me because it ‘showed me that I was capable of a lot more than what I thought I was.”• “That I had the resources out there for whatever I wanted to do.”• “Helped me be more comfortable with being someone from a rural area, stepping into a medical setting.”• “I wasn't being taken seriously when I said ‘I want to grow up and be a doctor because I am from the middle of nowhere. ‘it helped me ‘find my identity as a health care provider interested in rural care and helped me make connections to be able to return there when I'm ready. I feel like I'm able to provide the best possible care for the community.”• “it's hard to see your community. Kind of like it's
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		<p>falling apart almost. ‘To see that, it's just motivation. ‘You see your community, you want to do better and you don't want to do better for just us. You want to do better for everyone. ‘MeDCaT really, really hits it home.’”</p> <ul style="list-style-type: none"> • “I wanted to do something that I felt was given back to my community, that it's not just going to put food on my table and feed my family. It's good to better someone else in my community.” • “My parents raised me, where I don't talk about it. I wasn't really raised in the community on the reservation. They wouldn't even let me go to school on the reservation. They wanted me to be out and about. So, I really learned to use my identity as an asset.” • “I never realized how much representation matters until I was older. But if you see someone that looks like you in that role, it makes that just that much more attainable. Like if they did it you know you can do it”
<p>12 Would you like to be involved with MeDCaT now or in the future? If so, in what capacity?</p>	<p>All 10 students reported yes, they would help if time and need. Mentorship was a popular response.</p>	<ul style="list-style-type: none"> • “Being involved in talking about the process of applying to medical school or whatever kind of ‘professional school with ‘students. I feel like that's something we didn't talk about a whole lot. is like how that process and just being able to provide support, ‘like a jumpstart looking at further education.”

		<ul style="list-style-type: none"> • “Satellite type situation at ETSU” • mentoring, or “support on ‘a alumni basis or chaperoning””
<p>13 Anything else you would like to add to help make the future cohorts as successful as possible?</p>	<p>Mental health component, missing and murdered Indigenous component, encourage social time amongst students, take advantage of every opportunity</p>	<ul style="list-style-type: none"> • “I was very shy and very anxious whenever I was in MeDCaT’ So I would say if you could ‘be a little more outgoing. I think it would really help you because ‘the people that I remember most for MeDCaT and the people I admired the most were the more outgoing ones that always had something to say. So, I just feel like that is the best way you can make an impact on people's lives.” • “Encourage them to spend time together. ‘that has really made the difference with our cohort and kind of where we've ended up is that we were really encouraged to hang out with each other after classes and spend time together and build that support network of people that are interested in similar things.” • “When given the opportunity, I believe that every student regardless if they're interested in the medical field, should attempt to go to a program like MeDCaT so they can truly see what goes on behind closed doors. It gave me a better appreciation for those that work in the medical field to see what they go through on a daily basis.” • “Whenever you're provided with an opportunity to do something, especially ‘hands-on skills, jump in there and do

		<p>it. ‘everyone is kind of scared to be that person that goes first ‘but I think just jumping in there ‘was really helpful for me.”</p> <ul style="list-style-type: none">• “I truly do believe that if I had not attended MetCaT I would not be in the field that I am today. ‘Not only was I exposed to new and exciting careers in the medical field, but it also gave me the push to be like yes, this is exactly where I'm supposed to be.”• “If I could go back and talk to my high school self and tell them a little quiet to the quiet, scared version of myself that I was in high school that hey, it's not as bad as it seems. That it's not the end of the world if you fail. If you get a bad grade, you're not going to disappoint anybody if you don't make it on your first try. You just got to get up and keep going.”• “my advice to anybody, you keep fighting, keep working hard. Don't do it for anybody, do it for yourself.”• “even if you're not thinking you're capable of it, you definitely are. I did not think I would be at a public state school ever. Being at nursing school. I didn't think I would have the jobs that I have.”• ““don't settle ‘you are capable of a lot. And even if you may not think that because I did not think that you definitely are, you can do so much.”• MeDCaT “is an opportunity for learning and’ is a good opportunity for you to begin to spread your wings and get
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		<p>ready to fly because you're going to be graduating from high school soon, you're going to be heading off to college.”</p> <ul style="list-style-type: none"> • “Take this as an opportunity to get out of your comfort zone and to learn some new things and connect to some people that you will hopefully be working in the field with later in life.” • “Anyone can get to where I am, ‘you just have to work hard.”-PhD student • MeDCaT, “made me what I am, and ‘it led me to where I'm at.” • “just not losing those core values of like, what does it mean for community? why is it so important to touch on Native American Health? not losing sight of that as well I would just ask that this program continues with those values.”
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2. Dogwood Coding

Attitudes	Behaviors	Perceptions
<p>Changed attitudes about stereotypical high school factions and created a feeling of unity in impressionable teenage years.</p> <ul style="list-style-type: none"> • “a time for you to drop your school rivalries and all be together and be like,” Hey, we're the future of our communities. We ‘got to get it together.” 	<p>Helped push into the career path direction of medicine.</p> <ul style="list-style-type: none"> • Visiting, “the regenerative medicine institute. ‘It was very exciting to be able to go into the facility and to see exactly what was going on behind the scenes and see’ what the general public doesn't get to see.” 	<p>Educated students as to what the opportunities in healthcare are.</p> <ul style="list-style-type: none"> • “I had no idea anything about health care. I just knew I found it interesting. So going to MeDCaT ‘motivated me and also ‘piqued that interest to actually do it.” • “I had no idea what I wanted to do as a career. But (MeDCaT)helped me solidify my career goals. ‘I'm a very goal-oriented

<ul style="list-style-type: none"> • “We were with people from, ‘all of the western counties. So ‘even though we all went to similar schools, ‘we all had our different things and ‘we were able to build connections. While we were there and ‘get to know each other.” • “it was just really nice to ‘make those friends from different schools because otherwise I probably wouldn’t have ever made friends from the other schools.” • “Collaboration with Indigenous students, ‘all collaborating together, ‘getting all our thoughts about it together. ‘Being able to explain to others why we do things differently, for example, ‘why powwows or why Native medicine and why is it different than normal?” 	<ul style="list-style-type: none"> • “Definitely pushed me in the direction of healthcare” 	<p>person. ‘it definitely helped me to prioritize those goals. And it helped me get on more of a straight path and off the curvy winding road I had no idea I was on.”</p> <p>Provided insight into high level medical profession goals. “MeDCaT ‘helped me realize that I did want to do (med school). Helped me decide between being a nurse or something else, “‘in the healthcare field” MeDCaT, “was ‘helpful and exposed me to a lot of different, interdisciplinary ‘professions.” -current BSN student.</p>
<p>More prepared for college</p> <p>When starting college, “I was 17, living two and a half hours from my parents. I absolutely hated it.” The MeDCaT program director said “it’s going to be fine. ‘it’s all going to get figured out. And here I am. I’m in nursing school.</p>	<p>Created confident behavior.</p> <ul style="list-style-type: none"> • “I was very hesitant at first to try and ask for help because I felt like I would probably be looked at as if I wasn’t good enough to be in the classes that I was taking. So that ‘kept me from asking for 	<ul style="list-style-type: none"> • “‘it brought to light how you can do ‘way more than what you think you can and that was very pushed both times both years. I saw that in myself and that improvement.” • “‘made me focus more on’ the world and our community as a whole rather than just focusing

<p>Wow, my second semester now.</p>	<p>help. But now after I got past that, 'I'm more open to having support and understanding that it's not nothing to be ashamed of. Like it's not, a bad thing to ask for help."</p>	<p>on' myself and my own problems. Because although, 'some of the things, especially at that time that I was going through were 'big, 'it made me see that there was 'so much more going on in the world and there's so much more work to be done. 'that's something big that helped to change some of my values."</p>
<p>"Really 'showed me that I could live without ' being at home. Without my parents for a little bit. I was just a very scared child. I was not comfortable leaving home. But you really have to push those boundaries sometimes. So, it was for the better."</p> <p>'It prepared me 'for college life because it was right before I went to college</p>	<p>"It really brought me out of my shell." "My parents were always like; you don't tell people you're Native it's not something you brag about. It's not something you bring up. You just if someone asks you just go on about your day. So when I figured out in high school that I could use that as an asset. Like, obviously doors started opening up."</p>	<p>Community focus</p> <ul style="list-style-type: none"> • "made me focus more on' the world and our community as a whole rather than just focusing on' myself and my own problems. Because although, 'some of the things, especially at that time that I was going through were pretty big, 'it made me see that there was 'so much more going on in the world and there's so much more work to be done. 'that's something big that helped to change some of my values."
	<p>Teamwork and feedback skills learned. "taught us teamwork because 'we had to branch out and make friends. So that was, that was good. But secondly, we were able to learn, 'give each other pointers within the group that were really helpful."</p>	<p>Perceptions on the types of healthcare careers available "Seeing the broad range of health services. 'Doctors that work hands on with patients, 'to someone who did research on mice. 'there's a whole different realm. 'if you don't want to do hands on with a patient, you could do so many other things."</p>

		<p>. 'if you don't want to work with direct patient care, maybe we can hook you up with some researchers. Let's go see a research lab. It's just showing people how broad healthcare can be.'</p>
<ul style="list-style-type: none"> • “some of those folks taught at Western and so I would occasionally see them in passing and that was really helpful to be able to ‘recognize that. Oh, I remember this person. They were at MeDCaT with me, and they helped support me while I was there. And so I know that I can still go to them now if I needed to.”-past student with a Master’s degree 	<p>Learned professional demeanor and to receive feedback.</p> <p>“The presentation ‘to the group at the end of the summer. ‘we all got dressed up. ‘we learned what business casual was, ‘we got feedback, and we were still in high school. ‘that was really helpful not only for my senior project in high school, but it was even helpful today’” -PhD student</p> <ul style="list-style-type: none"> • Presenters told us “The first impression is always going to be the main one that people are going to refer back to and you can never redo it. So we always knew they expected us ‘to behave a certain way and to see how they did it in everyday life was actually something that I carried with me.” 	<p>Changed perception of ability to provide needed help to community.</p> <ul style="list-style-type: none"> • “it's hard to see your community. Kind of like it's falling apart almost. ‘To see that, it's just motivation. ‘You see your community, you want to do better and you don't want to do better for just us. You want to do better for everyone. ‘MeDCaT really, really hits it home.” • “Just the awareness is really helpful, ‘living in Western North Carolina, it's important to share that knowledge and to share that information because ‘we live right beside the reservation, ‘we're right there’ in the middle of it all. And ‘making sure ‘the awareness is spread about things that are happening, ‘the information that is not being shared is’ important. ‘because ‘the Indigenous population is so involved in ‘North Carolina and in the Appalachian Community that it is like why wouldn't we continue to have it in there.’”

<p>On mentors. “The mentor I had was very encouraging. I feel like we're told that we can't do it a lot. At least like rural students or like we should stay at home. There are certain expectations like, you only go to nursing school and that's how far you go. It's a lot of the messaging I feel like we get from other people. But having someone there to continue to push me and say like, no, you're capable of this and you're going to be able to do this if you put your mind to it.</p>	<p>“It encouraged me because it ‘showed me that I was capable of a lot more than what I thought I was.”</p> <ul style="list-style-type: none"> • “That I had the resources out there for whatever I wanted to do.” 	<p>‘When I do become a doctor, the fact that I was a CNA will have a great ‘effect on my entire career’”</p>
<ul style="list-style-type: none"> • “allows students an opportunity to learn something that we couldn't have had the opportunity to learn in high school. Because once again, ‘We don't have the resources available. So, I think being able to go and bring that back with new ideas on what we ‘should do within the community. ‘We can learn how we can go outside of our resources and learn to bring that back.” 	<p>“The way you present yourself, ‘you're given the choice to be responsible and presentable because of them trusting you to go to these facilities and learn. Because a lot of the people that we spoke to ‘were very professional.”</p>	<p>Created connections for college.</p> <p>there was really a MeDCaT person kind of anywhere I turned when I was going through school, which is really a blessing.</p>
<ul style="list-style-type: none"> • “for anyone going into healthcare, it's really important to understand different cultures, especially those that are ‘right in your back door, because ‘I've grown up in Silva and Cherokees is ‘just down the road. So, it's really helpful to ‘explore that culture 	<p>Learning how to build community.</p> <ul style="list-style-type: none"> • “Spending time’ learning about how ‘diabetes really impacts our area and how ‘all the things that we have connections with, being able to sit there together and learn ‘to help us to 	<p>Changed level of preparedness for college life</p> <p>“It also helped to prepare me for ‘living on campus, ‘since we stayed at a college and were able to ‘be on campus ‘helped me to be able to ‘navigate campus a little bit better and be able to kind of know what things like I would need to know.”</p>

<p>‘especially from a healthcare point of view.’</p> <ul style="list-style-type: none"> • “‘you don't get that exposure, ‘in just any public school. ‘Even here in Knoxville, ‘the schools ‘don't touch on Native American. ‘They don't teach about them, ‘let alone their health, ‘health issues and things that need to be improved.’” 	<p>build a community while we were there.”</p>	<p>“‘staying in dorms was a really good practice for moving on to college.”</p>
<p>Provides future health care providers to the area.</p> <ul style="list-style-type: none"> • “Provide like local people who know what core issues are issues that people face on a day to day basis, why they may not be able to achieve being as healthy as they want or having access to the resources they want.” • “a lot of us do have big interest in ‘rural health and returning home and providing care.” • high school community, ‘it helped it and improved it, ‘it showed us ‘we live in a small town, ‘there's opportunities for us, like for myself, ‘I want to return back home, to my community, ‘they're supporting us, ‘we also have to ‘come back and give back to 	<p>Direct changes with family education health via MeDCaT</p> <p>‘for ‘myself, ‘my family does have ‘a history with diabetes. So, the last year that I went like the main focus was on diabetes and ‘how it affects the Native American population and’ Appalachia as a whole, ‘So that was really helpful to’ be able to then bring back some of that knowledge and information that I learned there, to my family who does have diabetes.”</p>	<p>Changing the perceptions of how important community is</p> <p>“The reservation where I grew up is very much community. But I mean you have communities everywhere you go. But at some point, when you go out and get your degree and you're coming back, you're not just taking care of patients anymore. Like this is someone's grandpa like it's not a number. These are people you're dealing with, you know, their thoughts, you know, the reasoning behind some of them. And I think that's really how we should go about fixing a lot of our problems is, ‘at a community angle because ‘that's who makes up the community, ‘different people. But it's all about working together and being collaborative.”</p> <ul style="list-style-type: none"> • “It's great exposure for high school students from a rural area to have a different community to focus on. And while we were in MeDCaT, they did several ‘community

<p>our community because 'they are the ones who got us through basically.'</p>		<p>based 'situation scenarios, quality improvement 'thing. I think implementing a lot of those would be really helpful for the community.'</p> <ul style="list-style-type: none"> • "Once you see that 'community based approach, it just makes so much sense. And you, I just want to care for the whole community.' • "'helps you to connect to the folks who are living in the same sort of communities as you and 'have similar experiences of, most likely being low income and' living in a very rural area. 'that helps to build those connections and having your own little community in MeDCaT, 'because a lot of our area has a lot of the same like health issues and things going on.'
<ul style="list-style-type: none"> • "I have a couple of family members who have never been to a university because 'they feel like they're not good enough to be able to try and even achieve that. So, I feel like seeing the Native kids have more representation and have more accessibility to go into these programs is really going to show the younger generation or maybe the ones that are 	<p>Became more confident. MeDCaT, "helped me 'get out of my shell and be able to 'work better in groups and be able to communicate with people that I didn't know yet."</p> <ul style="list-style-type: none"> • "I wasn't a very talkative person. I kept a lot to myself. But when given the chance to go to MeDCaT, I was able to meet people that in a way were similar, 	<p>Perceived opportunities student wouldn't have had without MeDCaT</p> <ul style="list-style-type: none"> • "'I don't think I would have ever gotten any opportunities to go out on my own to see the type of 'professions or to have the experience of going behind the scenes.' • "I really do want to emphasize how big of a difference it has made in my life just because 'I had no idea I even wanted to do anything in healthcare. And now here

<p>a little bit hesitant that you can do and are deserving of being able to have that opportunity to go and better yourselves.”</p>	<p>that they may not have had much to say but we're willing to go and try new things. And ‘now I'm a social butterfly because of MeDCaT.”</p>	<p>I am pursuing a MD degree. ‘it was just a great experience and it just gave me resources that I otherwise would have had no idea even existed.”</p> <ul style="list-style-type: none"> • MeDCaT, “‘made me what I am, and ‘it led me to where I'm at.”
<ul style="list-style-type: none"> • “‘Exposes career options to people ‘may not be exposed to otherwise. People going into those career options will help strengthen communities.” 	<p>Developed leadership skills.</p> <p>“‘Before (MeDCaT) I was ‘just a follower but after ‘more of a leader. Lots of leadership skills and opportunities. Right now I'm the president of my nursing cohort, so I probably wouldn't have done that without that leadership experience in the past.”-BSN student</p>	<ul style="list-style-type: none"> • “‘They focused more on holistic medicine. Because’, Western medicine doesn't always agree with holistic medicine. So, you don't really hear about it that much. But they would bring in professionals to talk about it. And ‘it's just so different coming from rural America to see these things and then be like, Wait a second. There are a couple of things that we do already that kind of intersect.”
<ul style="list-style-type: none"> • “‘Helps to socially educate us. ‘Our rural communities” can have “a very insular one way of thinking and that's how, ‘things are done, and no one ever questions that.” • Indigenous teachings “gives a chance for kids who are not Indigenous to learn about issues facing the indigenous community, and how we can get involved in things to be actually productive and be helpful.” 	<p>“‘Even if you're not thinking you're capable of it, you definitely are. I did not think I would be at a public state school ever. Being at nursing school. I didn't think I would have the jobs that I have.”</p> <ul style="list-style-type: none"> • “‘don't settle ‘you are capable of a lot. And even if you may not think that because I did not think that you definitely are, you can do so much.” 	<ul style="list-style-type: none"> • “‘It helps with stereotypes with health issues. ‘when people think of health issues of Native Americans, I mean, like, it is a stereotype but it's also kind of true, we do have a higher statistic, but we need to start looking at why. Why do we have this higher statistic? Why do we have to be known as this? Why can't we do something about it? So, I think that is very important to understand the I don't think you'll really be able to

<ul style="list-style-type: none"> • “provides ‘important context about the area that you grew up in that you may not completely understand. I feel like it gives the Indigenous community a chance to directly speak to people who may be interested in coming back and providing care in the area and saying, this is what we need. And if you are willing or able to provide that care, we would love for you to come back and be involved in that.” 		<p>understand a Native American community unless you're a part of one. ‘But I do think you can learn how the Native American community operates. ‘So, it's not just our generation. It goes all the way up to my grandparents. And keeps trickling down and trickling down and it's going to keep doing that until we put a stop to it.”</p>
<ul style="list-style-type: none"> • “Strengthened a couple qualities. I know I was independent before I went, ‘after going I was like, Okay, I can do this.” • “Helped me be more comfortable with being someone from a rural area, stepping into a medical setting.” • “I wasn't being taken seriously when I said ‘I want to grow up and be a doctor because I am from the middle of nowhere. ‘it helped me ‘find my identity as a health care provider interested in rural care and helped me make connections to be able to return there when I'm ready. I feel like I'm able to provide the 		<ul style="list-style-type: none"> • “It’s a very good learning opportunity to get exposure to the culture, ‘especially for those that may not have a lot of roots in their culture. And then for those who are not Native to learn about a culture.” • “Up until recently, I did not know that there are people who actually just live in Waynesville who have never been to the reservation. Let alone knew Native Americans lived here.” • ‘There really isn't a lot of representation in a positive manner that is shown to the younger generation, but also for those that are non-Indigenous. I feel like it's a good opportunity to teach them that not

<p>best possible care for the community.”</p>		<p>everything you see on TV like ‘stereotypical Native Americans.’”</p>
<ul style="list-style-type: none"> • “My parents raised me, where I don't talk about it. I wasn't really raised in the community on the reservation. They wouldn't even let me go to school on the reservation. They wanted me to be out and about. So, I really learned to use my identity as an asset” 		<ul style="list-style-type: none"> • Often, “we don't really take into consideration how some folks and some like diseases might affect people in different ways. ‘We do know now that’ diabetes does affect the Indigenous population, ‘a lot more because of the way that our country has treated them and forced them to’ have different food options ‘and the disparities there. ‘that's something that going into MeDCat, I didn't really know as much information about and then leaving from there ‘I was able to take that back to my family and friends and be like, this is something that's ‘a real issue that we don't really talk about as much.
<ul style="list-style-type: none"> • “I truly do believe that if I had not attended MetCaT I would not be in the field that I am today. ‘Not only was I exposed to new and exciting careers in the medical field, but it also gave me the push to be like yes, this is exactly where I'm supposed to be. 		<p>Changed perception on higher education.</p> <ul style="list-style-type: none"> • Many people in rural WNC may not support higher learning, “secondary education isn't necessarily supported. You know, it's not frowned upon that you go get a secondary education, but it's not really supported. I didn't even know graduate school, ‘a PhD. was a thing. Like, I knew people had PhDs. I was like, I

		<p>don't know how to do that. You know, I don't know what it takes to get there. And MeDCat brought that to light. And really, I understood what education meant for me. How I was going to use it to better me intellectually, but also better the people I was helping.”</p>
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3. Center for Native Health Coding

Strengths

- recruitment into program by teachers, HOSA, and other students
- remembrance of; investment of people involved, comradery of common goals, making friends for life many with similar backgrounds, interests and some from different cultures, multiple medical experiences at WF, speaking with professionals, connections made, create a team feeling without the typical high school group factions, team projects.
- Graduating with a license to work, some students able to find work in health while still in high school, the training also led some students to realize a hands-on career in medicine wasn't for them but lead to other careers of which many still health related
- Helped students decide which field of medicine or career goals they had interest in studying as well as which they did not have an interest in, helped find altruistic career path.
- Brought students out of shell, increased confidence, leadership skills, comfort with giving and receiving feedback, working in teams, public speaking, creating medical presentations, professional demeanor and presentability learned, now see rationale for higher education,
 - opened doors, created contacts, led to job, learned independence,
 - Support and encouragement from the accessible teachers, students, and leaders
 - willingness of teachers to privately or publicly accept and answer questions helped students feel valued.
 - taught resource and networking skills which continue today.
 - dorm room practice and familiar faces in halls of higher-ed helpful transition to college life
 - Community building and strengthening; Seeing people and not just patients, taught to care for the whole community, community wellness, community based approach to health, focus on health issues related to specific community, links to resources outside community to bring back, learning about disease processes of interest to the community student is from, seeing the world as a whole, looking outside oneself at a bigger picture

- exposure for rural students to health fields, sets an example for future generations, Identity became an asset.
- Current mentors: showed how to ask for help, helpful to see successful people, created hope, gave encouragement to succeed
- Cultural competency created by; learned how to be an outsider coming in, providing more representation in healthcare especially in higher level professions, awareness of generational cultural oppression, help decrease stereotyping, identifies intersecting ideas, helping to end intergenerational trauma, learning more about non-Indigenous culture, collaborating with Indigenous students as a team

Challenges

- Students wanted to get a license in high school but had difficulties obtaining due to; no pharm tech teacher at the time, other classes at school conflicted with time of CNA class, age requirements of certification.
- exposure to career options limited, didn't learn what the day in a life of a profession is like or what pathway was to get there.
- Wi-Fi and transportation in college and high school
- more disease pathway and factor exposure
- networking may have started too early for career planning for some students.
- Needed more mental health services at camp and in college.
- more education in organizing thoughts and refining PowerPoint presentations.
- time management issues when transitioning to college and at college.
- assistance in applying to med school or other advanced degree applications, need follow ups with students in Jr/senior year
- Can not afford private college such as WF.

Recommended areas for program improvement.

- Increase in partnership education especially to rural hospitals and organizations that work with the medical fields.
- a college version of MeDCaT or club for support on campus, MeDCaT dorm
- more choices in classes of interest or small group work
- Additional visits to other area colleges and hospitals including public and private, rural and urban/suburban.
- open dialogue about what student led interests are, more hands-on experiences and chances to gain clinical hours towards certifications.
- Social media and email follow up for alumni, especially post-high school graduation and post-graduation when job hunting.
- Mentorships in professional fields of interest or with graduates of program, professional shadowing
- Follow-up and networking events throughout high school, after high school, and especially when time to apply to colleges to support transition to undergrad and job market requirements.
- More classes throughout year in addition to the camps, more camps (some students only able to attend 1 week)
- Introduce MeDCaT earlier and across more than health science students.

- Help addressing mental health issues during camp and college.
- college level summer credit classes offered or encouraged; example given was a program Chapel Hill runs in summers for high school students to get college level credits