Expanding the Native American Health Care Workforce

Strategies to Recruit American Indian Students into the Health Field and Help Improve Health Care Quality and Access to Care in Indian Country









Contents

Overview
Graduation Rates
Obstacles
Key Stakeholders
Previous Programs
Summit
Recommendations
Reach Students at a Younger Age Create Centralized Information Source

Acknowledgments & Contributors

• Improve Academic Preparation

• Address Social Determinants of Health

• Expand Financing Options

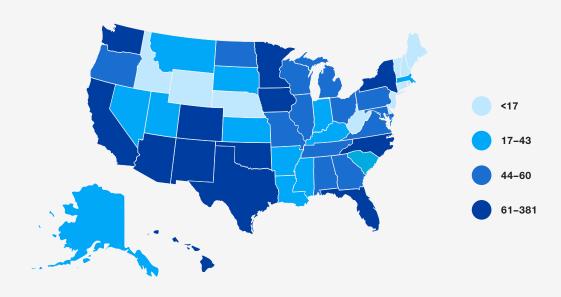
Overview

One of the most pressing challenges in Indian Country is a shortage of health care professionals, especially physicians. In some areas of Indian Country, physician vacancy rates are nearly 30%, prompting the use of short-term physician contracts to meet tribal health needs. While this provides a temporary solution, many of these health care professionals lack a long-term commitment and cultural connection to the land and its people. In response, various stakeholders over the years have developed programs aimed at increasing the number of American Indian/Alaska Native (AI/AN) students graduating from medical schools. Examples include initiatives created by the Association of American Indian Physicians (AAIP), the Indian Health Service (IHS), the Association of American Medical Colleges (AAMC) and medical schools.

Despite these efforts, persistent workforce shortages in Indian Country contribute to AI/AN health disparities, including a lower life expectancy, a lower quality of life and a greater incidence of chronic conditions.² To reverse these trends and more effectively serve the health care needs of people in Indian Country, a multipronged approach is needed to improve the recruitment and retention of Native physicians with a cultural connection to the land and the people they serve.



This displays the distribution across the United States of active **medical physicians who identify as Al/AN.** Most Native physicians are concentrated in areas with a significant number of Al/AN people.



Source: American Medical Association Physician Masterfile, 2016.

Tribal leaders and industry stakeholders must work to develop customized strategies to encourage more Al/AN students to pursue careers in medicine and science, recognizing the diverse cultural backgrounds and differences between Native students and other ethnic minorities. These differences include:

- Al/AN students and their families live in concentrated locations;
- Al/AN students are typically members of sovereign nations that hold a nation-to-nation relationship with the United States;
- The federal government, based on statutes, treaties, executive orders, Congressional actions and Supreme Court decisions, acknowledges a responsibility to provide for the welfare of Al/AN people and encourage the self-determination of the Tribes and their culture; and
- Al/AN students and their tribal nations represent many different languages and distinct cultures.

With these considerations in mind, this white paper outlines recommendations to help further develop programs to increase the number of Al/AN students applying for, and graduating from, U.S. medical schools. Sharing these recommendations will help inform how tribes and other industry stakeholders can help remove barriers preventing success and work to increase the number of Al/AN medical school graduates and, as a result, improve health care quality and outcomes in Indian Country.



Physician vacancy rates are nearly **30%** in some areas of Indian Country.¹

Indian Country workforce shortages contribute to:2

- Lower life expectancy
- Lower quality of life
- Greater incidence of chronic conditions

Graduation Rates

There is a shortage of Al/AN physicians and other health care professionals with knowledge of, and sensitivity to, the cultural values, lifestyles and spiritual beliefs of Native communities. The total number of Al/AN medical school graduates has stayed flat over the last few years; meanwhile, some other ethnic groups have shown yearly increases, according to the AAMC. In fact, AAMC data show that fewer than 1 percent of all enrollees identify as Al/AN.* In regard to graduates, only 146 Al/AN students earned medical degrees in 2017. The lack of Al/AN physicians contributes to the more than 325,000 Native people who are considered medically underserved, a fact that hinders the overall health of the 6.7 million Native people.³

Some medical schools have demonstrated success recruiting and graduating Al/AN students. For instance, Oklahoma State University's (OSU) concerted efforts have contributed to a steady increase in Al/AN medical school enrollment during the last five years, rising from a low of 10% to 14%. In regard to graduation rates, 15 Al/AN students from six tribal nations earned medical degrees in 2018 at OSU, comprising 15% of the total class. For comparison, across all medical schools, just 146 out of 19,553 graduates in 2018 identified as Al/AN.⁴



More than **325,000 Als/ANs** are considered to be medically underserved.



Al/AN medical school enrollees have declined in recent years, with this group accounting for fewer than **1%** of all students.



146 Al/AN students earned medical degrees in 2017.

AI/AN Student Enrollment in U.S. Medical Colleges and Universities, 2016–2017



4 or more students



1-3 students



No students

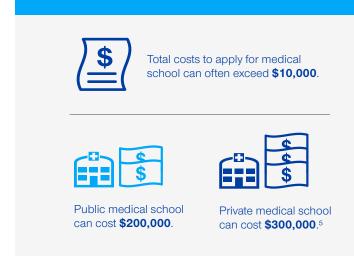
Source: AAMC FACT Table B-5: Total Enrollment by U.S. Medical School and Race/Ethnicity, 2016-2017

Obstacles

American Indian students face – and must overcome – multiple obstacles on the path to entering the medical profession. These include:

- Lack of exposure to health professionals and role models: Al/AN students often have little or no exposure to American Indians currently working in the health profession, and there are many young people who have never met or received care from a Native physician. This adds to the misperception among Al/AN students that the medical profession is not a viable career option.
- Limited academic prep and support:
 Some Al/AN students graduate from high school underprepared academically to handle the rigors of higher education, in part due to few opportunities to gain clinical experience, lack of support with test preparation, and limited feedback or advice on academic performance. In addition, students and communities often focus more on athletics rather than scholastic performance during elementary, middle and high school.
- Costs to apply to and pay for medical school: Many Al/AN students and their families face significant financial challenges when pursuing a medical degree. Costs can typically exceed \$10,000 during the application phase alone, including exam fees, study materials and travel expenses for interviews, all of which can be discouraging for students and their families. Students who are accepted to medical school can expect the total cost to exceed \$200,000 at public universities and \$300,000 at private institutions.⁵

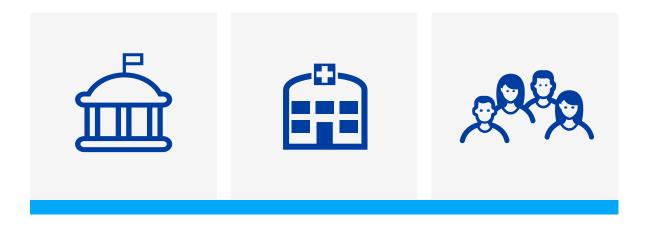
- Lack of awareness of Native-friendly medical schools: Many Al/AN students are unaware of medical schools with an emphasis on training Native physicians, including institutions that have a history of success and provide helpful resources that encourage higher application and graduation rates.
- Social determinants of health: Native
 people face various social determinants of
 health including lack of economic stability,
 access to healthy foods, health care services
 and community engagement that hinder
 success in the classroom and, as a result,
 limit opportunities for them to pursue a
 medical career.
- Behavioral health care services: Some
 Al/AN students experience depression or
 anxiety, in part as a result of generational
 or family struggles. There is a tendency
 among some students to feel isolated or
 marginalized once enrolled in an institution
 of higher education, with too few convenient
 or affordable options for behavioral health
 care services available to them.



Key Stakeholders

Addressing these challenges and supporting AI/AN students as they pursue medical careers will require efforts by multiple stakeholders, including:

- Public and private schools and staff spanning K-12, tribal colleges, colleges and universities, medical schools (allopathic & osteopathic), residency programs and medical specialty societies.
- Students, parents and family members, teachers, tribal leaders, traditional Native healers and American Indian physicians.
- American Indian organizations, including the AAIP, American Indian College Fund (AICF), Catching the Dream and Roots to Winds.
- Professional health organizations, including the AAMC, American Medical Association (AMA), American Academy of Pediatrics (AAFP) and the American Academy of Physicians (ACP).
- Academic institutions, especially those with an existing interest in AI/AN
 training programs, including Harvard University, Johns Hopkins University,
 Oklahoma State University, Oregon Health Science University, Pacific
 Northwest University, Stanford University, University of Arizona, University of
 Colorado, University of Minnesota, University of New Mexico, University of
 North Dakota, University of South Dakota, University of Utah, and University of
 Washington.
- Federal agencies and departments, including Centers for Disease Control and Prevention (CDC), IHS, National Institutes of Health (NIH) and the Senate Committee on Indian Affairs.



Previous Programs

Over the years, various programs, initiatives and legislative efforts have had positive and negative effects on the number of ethnic minorities entering the medical field. Examples include:

• In 1973, the University of North Dakota established the Indians into Medicine Program™ (INMED) to help train health professionals to serve Native Americans, especially people living on the 24 reservations in North Dakota, South Dakota, Montana, Wyoming and Nebraska. The program provides various resources to American Indian students who are preparing for health careers, including academic placements for fully qualified students; access to tutoring, in-field experiences and scholarships for enrolled students; and summer enrichment opportunities for middle and high school students.







- In 1989, the Robert Wood Johnson Foundation initiated the Minority Medical Education Program (MMEP)⁶ to increase the number of ethnic minorities, including African Americans, Native Americans and Latinos, applying for and graduating from medical schools. This program focused on academic enrichment in the basic sciences, exposure to careers in medicine, financial literacy and guidance on the application process to medical school. The program, now named the Summer Health Professions Education Program (SHPEP), continues today, with an expanded focus to include seven additional health professions.⁷
- In 1991, the AAMC launched *Project 3000 by 2000*, which encouraged medical schools to take a datadriven approach to recruiting underrepresented minorities to medical schools.⁸
- In 2019, OSU in collaboration with AAIP and IHS helped host the American Indian Health Career Immersion Program, which gave AI/AN students an opportunity – over 10 days – to learn about and experience health careers in Indian Country by attending interactive workshops, presentations and clinical simulations. The program is one of several initiatives by OSU ranging from high school to residency, including collaborations with the Cherokee, Choctaw and Chickasaw nations.
- Broader political and legal changes, including anti-affirmative-action initiatives and laws, have affected progress, including Proposition 209 in California in 1996⁹; I-200 in Washington in 1998¹⁰; *Hopwood vs. Texas* 5TH District Court in 2003¹¹; and Proposition 2 in Michigan in 2006.¹²

⁶Minority Medical Education Program, https://www.rwjf.org/en/library/research/2000/01/to-improve-health-and-health-care-2000/the-minority-medical-education-program.html

⁷Summer Health Professions Education Program, http://www.shpep.org/

^{8 &}quot;Project 3000 by 2000 and Beyond: Next Steps for Promoting Diversity in the Health Professions."

⁹California Affirmative Action, https://ballotpedia.org/California_Affirmative_Action,_Proposition_209_(1996)

¹⁰Washington Initiative 200, https://ballotpedia.org/Washington_Initiative_200,_Ban_Preferential_Treatment_and_Discrimination_in_Public_Employment,_Education,_and_Contracting_Initiative_(1998)

¹¹Hopwood v. Texas, 5th Cir. Ct. of Appeals. (1996)

¹²Michigan Civil Rights Amendment, Proposal 2, https://ballotpedia.org/Michigan_Civil_Rights_Amendment, Proposal_2_(2006)

Summit

To help develop solutions for the challenges facing Native American students and their communities, four organizations – AAIP, AAMC, UnitedHealthcare and Optum – organized a summit in 2018 at the Smithsonian's National Museum of the American Indian. The summit, titled **Populating the Native Health Care Workforce with American Indian and Alaska Native Physicians:** *Moving the Needle on Quality of Health Care in Indian Country*, provided a forum for discussion among nearly 100 of the nation's top thought leaders from medical schools, IHS, tribal leaders, medical associations, students and other stakeholders. The two-day gathering used the World Café process, which is a structured way to encourage knowledge sharing, to help identify barriers, solutions and recommendations, working to develop a "home-grown" approach to reach AI/AN students and drive interest in medical careers.

Recommendations

Based on discussions before, during and after the Summit, five areas of focus – and specific tactics – were identified to help improve existing and future initiatives:

1. Reach Students at a Younger Age

Sparking early interest in the medical field among Al/AN students is crucial, helping plant the seed that medicine is a viable career path. For maximum benefit, programs must be customized for students of various ages, including those in elementary, middle and high school.

- Create mentorship programs that enable AI/AN students to meet health care professionals, offering young people a chance to see a path to this profession and gaining initial hands-on experience.
- Establish "back-to-school" programs that facilitate networking and Q&A opportunities between Native students and practicing physicians, especially ones of Al/ AN descent.
- Leverage traditional and social media channels to highlight academically successful students as "celebrities," including while they are still in high school and college.
- Expand the availability of pre-admissions workshops, which help prepare Native students to apply for medical school.
 These two-day workshops, currently offered by AAIP in







- collaboration with certain universities, should be replicated to help more students in more locations.
- Set outcomes and measure progress at each educational level to identify successful strategies.

2. Create Centralized Information Source

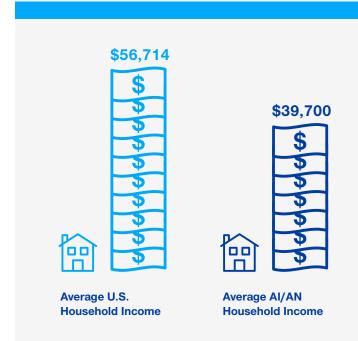
Many AI/AN students lack access to crucial information necessary to research college options, making it more difficult for families to take advantage of available resources.

- Create a single online resource to help Al/ AN students access information, tips and advice when applying for college.
- The website should include details about available scholarships and other sources of need/merit-based aid, creating a more convenient way for Al/AN students to evaluate and pursue financing options.
- Make available "ambassador kits," which will help school counselors and advisers prepare AI/AN students for their journey into the health care and science fields.

3. Expand Financing Options

Native Americans remain one of the most economically disadvantaged groups in the country: Al/AN households earn an average of \$39,700, which is about 30% less than the national average. As a result, many families struggle to afford applying for and paying for medical school, forcing some Al/AN students to delay or abandon their dreams of entering the health field.

- The IHS Scholarship Program needs additional funding, as there is annually a shortfall between available dollars and qualified scholarship applicants. For 2017, the shortfall was \$3.3 million. Solutions include fundraising events, alumni engagement and creating a dedicated foundation.
- The IHS loan repayment program sets yearly repayment limits that are not competitive with similar programs offered by the Navy and the Veterans Administration. For 2017, more than 410 qualified applicants, including 20 physicians, were unable to receive funding due to these limits.
- Other funding sources are needed for preprofessional programs, including tribal and private scholarships. Tribal casinos and health systems are other potential funding sources to consider.



Source: American Community Survey, 2016

4. Improve Academic Preparation

To help improve medical school acceptanceand graduation rates, additional programs are necessary to support the academic development of students at varying ages. This will help students gain the skills and knowledge to succeed in a competitive classroom environment, while giving high school and college students the confidence to pursue a medical degree.

- Create and improve summer STEM (science, technology, engineering and math) programs for academic enrichment and cultural training, helping students gain a better understanding of the medical field and develop a tighter connection to the Native population. Immersion programs can introduce AI/AN students to health policy issues and offer them an opportunity to shadow professionals working in Native health care environments.
- Offer zero-cost or discounted classes to help students prepare for standardized tests, including courses related to the ACT, SAT and Medical College Admission Test (MCAT).
- Integrate American Indian culture into medical training, including the use of sweat lodges and clean-earth living.

- Expose medical school students to Native healers, demonstrating a commitment to traditional practices.
- Study administrative resistance to admitting Al/ AN students at the medical school level and identify possible interventions.

5. Address Social Determinants of Health

According to a 2014 Robert Wood Johnson Foundation study, as much as 80 percent or more of an individual's health is determined by what happens outside the doctor's office. With that in mind, new programs are necessary to help improve social determinants of health among AI/AN students and their families.

- Support whole-person health by improving access to behavioral health services, including efforts to address intergenerational trauma and making available customized treatments tailored to the needs of Native students.
- Develop health and well-being programs customized for Al/AN students and residents, taking into account cultural differences and preferences.
- Invest in expanding access to affordable housing, public transportation and career counseling for all Natives, supporting the overall needs of AI/AN students and their families.



As much as **80%** or more of an individual's health is determined by what happens outside of the doctor's office, according to a 2014 Robert Wood Johnson Foundation study.

Acknowledgments & Contributors

David Acosta, M.D., Chief Diversity and Inclusion Officer, Association of American Medical Colleges

Tom Anderson, Executive Director, Association of American Indian Physicians

Cindy Garcia, MHA, Enrollment Specialist, Admissions Office University of New Mexico School of Medicine

Walt Hallow, M.D., President, Association of American Indian Physicians

Mahali Henry, Mississippi Band of Choctaw Indians

Jennifer Meylor, Osage and Cherokee and pre-med college junior

Mary Owen, M.D., Director, Center of American Indian and Minority Health Assistant Professor, Departments of Family and Bio-behavioral Medicine University of Minnesota - Duluth, School of Medicine

Darcia Pingree, Eastern Shoshone and high school student interested in medicine

Norma Poll-Hunter, Senior Director of Human Capital Initiatives, Association of American Medical Colleges

Dorothy Rhodes, M.D. Director, American Indian Cancer Research Initiatives Peggy and Charles Stephenson Cancer Center Clinical Assistant Professor University of Oklahoma Health Sciences Center

Ronald Shaw, M.D., Immediate Past President, Association of American Indian Physicians; Chief Executive Officer, Osage Nation Health Services

Kayse Shrum, DO, Dean, Oklahoma State University College of Osteopathic Medicine

Nicole Stern, M.D., Clinical Assistant Professor of Medicine, University of Arizona

Donald Warne, M.D., MPH, Director, Indians into Medicine (INMED); Associate Dean, Diversity, Equity and Inclusion, School of Medicine and Health Sciences University of North Dakota

Siobhan Wescott, M.D., At Large Director, Association of American Indian Physicians, and Assistant Director, Indians into Medicine program at the University of North Dakota School of Medicine & Health Sciences