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Date November 22, 1977

FACTORS THAT INFLUENCE NATIVE AMERICAN STUDENTS TO ENTER THE HEALTH PROFESSIONS

by

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ABSTRACT

The study was conducted in order to provide some insight into what influences Indian students to enter a health profession. Additional efforts were also made to identify some of the problems encountered by the health students, and also to get the health students' recommendations for the recruitment and retention of Indian students into the various health professions.

A questionnaire was answered by each student in an interview. The students were Indian students enrolled in a health profession at Montana State University during spring quarter, 1977. There was a total of 20 identified Indian health students but only 10 could be contacted.

The most influential persons in the students' decisions to enter a health career were parents. Others mentioned were high school teachers, friends, the Native American Health Career's Director at Montana State University, high school counselors, and family doctors.

Other factors influencing Indians to enter the health field were previous work experience, personal interest, inadequate health care on reservations, lack of Indian health professionals, and personal reasons.

The major problems encountered by health students were: (a) not being adequately academically prepared, (b) lack of adequate guidance and encouragement in high school, (c) personal problems, (d) financial difficulties, (e) being alone and lonely, (f) skipping classes, (g) adjustment to dorm and college life, and (h) poor grades.

The following are the students' suggestions for the retention of Indian health students: (a) more and better counseling, (b) a good tutoring program for Indian health students, (c) more encouragement from the other Indian health students, (d) letting the students know that you are there to help them, (e) a buddy system--pairing students up who are in the same health profession, (f) more tribal involvement and encouragement to their respective health students, (g) better academic advising, (h) a better high school preparation, and (i) a permanent focal point where a student can discuss problems with other health students.

Since parents are the most influential people in their children's lives in deciding to enter a health field, they should be encouraged to learn more about the various health fields and to be more supportive of their children if they do decide to enter a health career. Also, more active recruitment programs, as well as informative materials distributed to both parents and students, should be instituted to recruit Indian students.

CHAPTER I

INTRODUCTION

According to Cahn, 1969, "Indians have the highest infant mortality rate in the nation: 32.2 of every 1,000 Indian babies born on the reservation die during their first year, compared to 23.7 per 1,000 nationally" (p. 56).

Kane and Kane (1972) state that

> The life expectancy for Indians born in 1967 is about 64 years compared to the 71 years for whites. Indians are more affected by the major diseases than other Americans. Mental illness thrives at an alarming rate. Suicide, alcoholism, glue, paint, and gasoline sniffing, delinquency and broken homes are more commonly found in the Indian population. Suicide is the second leading cause of death, at a rate three times as great as among all Americans, for Indian youngsters in the 15 to 19-year-old age group (p. 62).

Resnik and Dizmang (1971) state that

> Some of the distinguishing characteristics of reservations where the (suicide) rate tends to be high include dissolution of the traditional family structure, high levels of unemployment coupled with inadequate job training programs, significant alcoholism, and a high index of more insidious self-destructive behavior, such as automobile fatalities and other accidents (p. 883).

Presently, the health needs of Indians, those who live on the reservations, are met by the Indian Health Service. This agency was set up in 1955 when the responsibility for Indian health needs was passed from the Bureau of Indian Affairs to the Public Health Service.

The following statistics show the need for Indian health professionals (Indian Health Career Handbook and Report on the Fifth Ned Hatathli Seminar for Southern Arizona Indian Students, 1975):

> There are 360,000 medical doctors in the U.S., based on a population of around 220 million. For the purposes of comparison, if the Indian people were to be represented as physicians, there should be over 1,500 Indian physicians. Again, we have identified only 60 (p. 17).
>
> There should be over 3,000 nurses, based on population comparison, where in fact there are only a few more than 400 American Indian nurses who have been identified to this date. So you can see why the Association (Association of American Indian Physicians) is interested in increasing Indian representation in health professions (p. 17).
>
> Health is an Indian issue. I would like to think in terms of what you, as a health professional, someday can do for health in general. Indians have an obligation to make a contribution to fulfilling those needs. By making our contribution, we have the ability to add something to being a doctor or nurse. When Dr. McKenzie, the Navajo, practices surgery, I am sure a little bit of Indian goes into that (p. 19).

Cultural Barriers

One of the main reasons why Indians have failed to achieve a high level of good health is the cultural barriers between them and the Indian Health Service personnel--the lack of understanding of the Indians' languages, culture, life styles, and values. The researcher personally feels that a person must have a basic understanding of the Indians' culture, values, etc., to fully understand and respect Indian patients and their problems. If there were Indian

doctors, nurses, dentists, etc., they would be in a position where they could really help their own people. They would be more understanding, sympathetic, and respectful when treating their Indian patients.

The researcher feels that this lack of understanding of the Indian culture by the Indian Health Service employees is reflected in the following quotations. These quotations are the result of a survey of Indian Health Service employees in the Shiprock Area (Kane & Kane, 1972):

> The following is a white respondent who sensed a lack of appreciation for their services: "They are less appreciative than Negroes I have treated. They are less appreciative than Mexican-Americans or narcotic addicts that I have treated at the Public Health Service hospital in Fort Worth. They have become so accustomed to 'free handouts' that they don't value the expert care that they do get" (p. 55).
>
> The following is a white respondent's response who felt that treating Navajos and treating other low income groups was unrewarding: "No--they both fall in the same area--no personal relationship--just a job!" (p. 55).
>
> Following is a Navajo Indian Health Service employee who looked at the situation from a patient's point of view: "Yes, most of the physicians I have been assigned to in our hospital act as if they are afraid to 'touch' the Indian patients. Some even show their disgust by grimaces and verbally" (p. 55).
>
> There are also many ambivalent feelings by the Indians towards the Indian Health Service. The following quotations are from a survey of Navajo patients within the Shiprock Area (Kane & Kane, 1972): "When you go to Shiprock clinic you have to wait half a day before they get to you or if any white people come in they take them

> first--they should have more on duty on the floor and slow down on coffee break" (p. 51).
>
> "Before they wait on patients they have to have coffee break and what-not" (p. 51).
>
> "Waiting too long because doctors are just taking their sweet old time and talking away with each other" (p. 51).

The preceding responses to the surveys initiated around the Shiprock Service Unit of the Indian Health Service point out the conflict and frustration that exists. There is room for definite improvement in the relationships and the health service rendered to Indian people.

Indians relate better to other Indians. The following statement indicates this:

> Continuously we heard Navajos deploring the lack of a "doctor" with whom they could form a lasting relationship. They interpreted the short tenure as a lack of genuine concern and quickly assumed that the assignments were part of a young physician's training period. Not surprisingly, even nonsurgical patients sought out the one Navajo surgeon whose long training was generally known and whose dedication to the region was indisputable (Kane & Kane, 1972, p. 134).

The Indian people's desire to see an Indian doctor becomes quite apparent from the preceding paragraph. The researcher feels that the only way to solve this problem is to get more Indians into the health professions by actively recruiting them, giving them financial and emotional support, and providing supportive services to them.

The Need for the Study

The purpose of this study was to provide some insight into what influences Indian students to enter a health profession, and also to identify some of the problems they encountered while going to college. Also, recommendations from the health students were asked for in regards to the recruitment and retention of the Indian students in the health professions. Hopefully these factors can be taken into consideration when counseling or recruiting students to enter a health career. Since the need for Indian health professionals is very great, factors that influence students to enter a health career must be known, as must the barriers they run into while pursuing their health profession. It is hoped that through these findings other students can be properly prepared to meet the challenges of becoming a health professional. As more Indian students are successful in the health fields, hopefully more Indian students will be encouraged and more willing to consider a career in a health profession.

General Procedures

The descriptive data used in this study was obtained from a population which consisted of ten Native American students enrolled in a health profession at Montana State University during spring quarter, 1977. These ten students were interviewed and their answers

recorded on a questionnaire. There was a total of 20 identified Indian health students but ten of the students could not be contacted.

This study is entirely descriptive and reports circumstances as they exist. The main categories of this study are: (a) what factors influenced Indian students to enter a health career; (b) various characteristics of the Indian health student enrolled at Montana State University during spring quarter, 1977; (c) major problems encountered by these students; and (d) student suggestions for the recruitment and retention of Indian health students.

Limitations

The study was limited in scope in several ways. First, the study involved only Native American students enrolled in a health profession during spring quarter, 1977. Second, the study is limited only to Montana State University. It is further limited by the fact that not all of the Indian health students could be contacted.

Definitions of Terms and Abbreviations

Indian (used interchangeably with Native American). Any person who is a member of an Indian tribe or an individual who (a) irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant, in the first or second degree, of any such member; or

(b) is an Eskimo or Aleut or other Alaska Native; or (c) is considered by the Secretary of the Interior to be an Indian for any purpose; or (d) is determined to be an Indian under regulations promulgated by the Secretary of Health, Education, and Welfare (Indian Health Care Improvement Act, 1976, p. 2).

Bureau of Indian Affairs. The BIA is an agency under the jurisdiction of the United States Department of the Interior. It has the power to administer Indian and Alaskan Natives affairs on the reservations, including education, welfare, and land management programs. In 1955, the health programs were removed from BIA responsibility (Kane & Kane, 1972, p. 173).

Contract Medical Care. The Indian Health Service acts as a third party payee for medical care rendered to Indians and Alaskan Natives in other than its own facilities. It is designed primarily for emergency care away from Indian Health Service hospitals and for highly specialized treatment unavailable except at outside medical centers (Kane & Kane, 1972, p. 174).

Health, Education, and Welfare. An agency of the federal government under which the Indian Health Service falls (Kane & Kane, 1972, p. 175).

Indian Health Service. An agency that has responsibility for programs related to the health of the Indians and Alaskan Natives. Indian

Health Service is organized with headquarters in Washington and has ten Area offices throughout the country. Each Area directs one or more Service Units in its region. A Service Unit is the smallest jurisdiction in the Indian Health Service and may include a hospital, outpatient clinics, a field health unit, and a contract medicine care fund (Kane & Kane, 1972, p. 176).

Public Health Service. The Public Health Service (PHS) was an outgrowth of the Maritime Hospital system begun in the eighteenth century. Gradually a system evolved which offered direct health care for a variety of federal programs (such as the federal prisons, the Coast Guard, Indians and Alaskan Natives, federal narcotic patients) as well as more general programs to protect the nation's health. The PHS Commissioned Officer Corps is organized as virtually a fourth branch of the military service with military rank and benefits. In addition, PHS is manned by a civilian staff that conforms to civil service regulations. Since World War II, a two-year term of service in the PHS Officer Corps has been a legal alternative to military service for health professionals (Kane & Kane, 1972, p. 176-177).

Abbreviations

B.I.A. - Bureau of Indian Affairs.

H.E.W. - Health, Education, and Welfare.

I.H.S. - Indian Health Service.

P.H.S. - Public Health Service.

Summary

This investigation identifies some of the main factors that influence and encourage Indian students to enter the health field. By finding out what these factors are, we can actively try to influence other Indian students to enter the health fields. Indian people do need more Indian health professionals.

Also, by determining some of the major problems which Indian students encounter in college, future Indian health students can be better equippped to face them and more supportive services could be made available to them. The suggestions for recruitment and retention of future Indian health students should add more insight into the problem of why there are few Indian health professionals today and help to ensure that there will be more Indian health professionals in the future.

CHAPTER II

REVIEW OF LITERATURE

The review of literature appropriate to this study included the following areas: historical aspects of Indian medicine, Indian health care--past to present, the need for Indian health professionals, barriers to minorities entering the health professions, and current trends.

Historical Aspects of Indian Medicine

Before the coming of the white man, Indians relied on various plants for curing their ailments. Most tribes had a person designated to concoct and administer these various drugs--he was the medicine man. They had various tribal rituals, ceremonies, and songs that they performed. The different plants and their uses were passed on generation to generation.

Vogel (1970) stated the reliance of whites on Indian medicine in the following statement:

> The scarcity of trained physicians and pharmacists on the frontier caused settlers to depend on native remedies, and even, at times, on the services of Indian medicine men. These circumstances, combined with a revulsion against some of the harsh drugs and objectional practices, such as bleeding, of early physicians also gave rise to a numerous group of white lay healers who often claimed to have learned their healing art from the Indians, as in fact they sometimes had. The prevalence of such practitioners in the early nineteenth century and their appropriation of the name, "Indian doctor," if not the paraphernalia of that fuctionary, is a testimonial of the former high repute of Indian therapeutics (p. 263-264).

The following quotation also attests to the effectiveness and quality of medicine that the Native Americans had aspired to before the coming of the white man:

> Not only was the American Indian adept at healing certain ailments with plants, but he was also ahead of his time in certain other areas of treatment. Most tribes practiced Crede's method of eliminating the afterbirth at least one hundred years before this procedure was published in a European medical journal. The Indians' ability to heal serious wounds was marveled at by even the most ardent Indian haters among the U.S. Cavalry (Winter, 1972, p. 5).

Fenton (1941) stated that "the early writers are unanimous in agreeing that Indians, including the Iroquois, possessed some natural remedies capable of checking endemic diseases, but assert that they excelled even European surgeons at healing wounds, setting fractures, and replacing dislocations" (p. 510).

This high degree of self-sufficiency that the Indian had attained in medicine was short lived and has never been reached again. It was a time when Indian medicine men met the health needs of the Indian people. Branch and Paxton (1976) state that:

> Historically, there has been little need for Native Americans to fully accept the health system of the white man. This was especially true when it was the Native Americans who were asked to use their native medicine and techniques to administer to the sick white patient (p. 83).

> This sharing of knowledge and expertise did not last, especially after the white man had learned all that they thought was necessary from the Indians. Then, as the frontier was made more "safe," it was easier to attract

> physicians and other trained white medical practitioners. The Native Americans, on the other hand, confronted a threat to survival of the whole race or nation as they came under increased pressure to give up more land space to the ever growing numbers of white people coming into their country (Branch & Paxton, 1976, p. 84).

> The possession of land came easy for the white man. What he could not get by stealing, he got by killing; with the use of his superior arsenal and sometimes by more indirect means such as giving smallpox contaminated blankets to Indians (Branch & Paxton, 1976, p. 84).

The following quotations give a brief overview of the early beginnings of the early health situation of the Indian people:

> Indian mortality rates mounted as a result of the continuing conflicts and rampant communicable diseases for which Indians had no immunity, since most of the diseases were carried into the country by the white man. Native Americans, who were lucky to survive, did so in smaller numbers and some were permanently crippled psychologically. One example of such crippling has been in the area of resources for dealing with illness. The decimation process also brought about the end of the cadre of health workers among many of the surviving Native Americans. Those who did survive were unable to practice freely or take on new apprentices from the Indian children who were later forced to go to schools miles away from home. Important medicines made from herbs and minerals also became rare, as Indians were placed on reservations and were not allowed to leave for a number of years (Branch & Paxton, 1976, p. 84-85).

> As American Indians rapidly diminished in numbers, so did their land. Many, knowing there were no other alternatives for survival, ceded their land in exchange for congressional promises of federally protected land enclaves and establishment of educational and health resources. That promise of health care was probably the first prepaid health plan ever to originate in this country for any group of people (Branch & Paxton, 1976, p. 85).

> Prior to this, the only official health care given to the Indian population was the periodic visit by the military physicians from nearby army posts: military installations that were there to prevent "injun" uprisings. According to some of the elderly Indian people who had been through the tail end of some of those struggles, the visits by physicians were mainly to insure that there was no evidence of communicable diseases which could threaten lives in nearby white settlements or military installations (Branch & Paxton, 1976, p. 85).

> These first acts of delivery of health services to the Indian people were followed by sporadic visits by physicians employed by the various missionary groups that had moved into the different Indian communities to assist in the "civilization" process. Many of these missionaries, believing that medicine men were pagan worshippers, condemned their practice as heathen and discouraged treatment for those who used the services of medicine men or used any form of native medicine or treatment. This condescending attitude towards the "ways" of the Indian became more apparent when Indian patients had to be hospitalized (Branch & Paxton, 1976, p. 85).

As can be seen from the preceding quotations, much was done to forbid and discourage Indian people from actively attending to their health needs. Even more important was the psychological effects it had on Indians--that their way of doing things was not "right" or "good." This can be seen by the general lack of self-esteem, lack of self-confidence, and lack of Indian health professionals!

The greatest contribution to the field of medicine Indians have made has been the introduction and use of about 170 drugs. The Indians, through trial and error methods, utilized the various drugs

obtained from plants for specific ailments. The following quotation attests to this fact:

> The Indians of North and South America used for medicinal purposes well over two hundred drugs which have been included in the official drug compendia of the United States. While the aboriginal uses of these drugs were frequently incorrect in the judgment of modern science, the examples of efficacious usage which have been cited constitute an imposing monument to the original Americans. There can be no doubt that by trial and error methods they arrived at an understanding of the properties and effects of many useful botanical medicines. Moreover, independently of Old World influence, they discovered some useful medical inventions and procedures. The surgical use of rubber and cotton, the bulbed syringe for enemata and medical injections, the Crede method of manipulation in parturition, trephination, and the use of anesthetics and antiseptics have all been credited to the American Indians (Vogel, 1970, p. 263).

Indian Health Care--Past to Present

The War Department was the first department to control Indian affairs, and the Indians lived in the vicinity of military posts. It was thereby convenient for the medical care and sanitary regulations to be handled by Army medical personnel stationed nearby. The Bureau of Indian Affairs was established by Congress in 1834 and the responsibility for the Indian was passed to it. The Bureau of Indian Affairs was still located under the War Department however. In 1849, the Department of the Interior was created, and the Bureau of Indian Affairs was transferred from the War Department to this newly created department. The existing medical care thus passed into civilian

control with the BIA (Bureau of Indian Affairs) responsible for the Indian people's health (Kane & Kane, 1972, p. 3).

The next major administrative change in the Indian health program came about in 1955 as a result of hearings on the health status of the Indian. In that year, responsibility for health was shifted from the BIA to the United States Public Health Service, an agency within the Department of Health, Education, and Welfare. The charge to PHS was no less vague than that to the BIA had been. The BIA had been directed to take measures "for the relief of distress and conservation of health." PHS (Public Health Service) was simply instructed to assume "all functions, responsibilities, authorities, and duties relating to the maintenance and operation of hospital and health facilities for Indians and the conservation of the health of the Indians" (Kane & Kane, 1972, p. 4).

One advantage that the PHS had over the BIA was that Congress had recently provided that service in the Commissioned Officer Corps of the Public Health Service could be accepted as an alternative to military service in other branches of the Armed Forces. The manpower problems of the Indian Health Service were thus relieved, particularly the problem of obtaining highly qualified professional personnel (Kane & Kane, 1972, p. 6).

The officer who chose to work in the Public Health Service in lieu of the other military branches are known as "two-year" men

because after two years, they are through with their military obligation and also with the Indian Health Service. As a result of this, there is a very high turnover rate in the Indian Health Service personnel. Doctors, dentists, pharmacists, and other health professionals come and go.

Thus, Indians do not have a "family doctor." They see any doctor who is available at that time. There is a very definite need for Indians to have Indian doctors and other health professionals who will take a personal and a real interest in them, one who will be around for a longer period of time than just two years. What the Indian people need are professional people who "want" to be there helping them, not professional people who are "obligated" to be there.

The problem of obtaining highly qualified professional personnel may have been solved but it created another problem--that of having a high turnover rate. Because of the fact that the doctors are there on the reservation only for two years, many Indian people feel that they are not really doctors, that they are sent to the reservations just to "practice" on the Indian people. From some of the services rendered to the Indian people by the Indian Health Service doctors, this belief is strengthened.

The following quotation shows the many hardships and condescending attitudes many Indians are faced with while seeking health care at an Indian Health Service hospital:

> The reality of a clinic visit may be an unpleasant experience, especially if the patient has to wait long hours, only to have the physician lecture them about why they should have come sooner. (If the patient had, in fact, arrived earlier, chances are he would have been sent home because his symptoms were too mild to warrant an accurate medical diagnosis. Infants have been known to be sent home with meningitis!) The trip to the clinic is usually a long one due to the distances on some reservations; such long trips consume a lot of gasoline, require physical and mental stamina, and require an absence from work. If the patient does not own a car, he must pay someone to drive him to the public clinic or walk 40 to 100 miles. The luxury of public transportation does not extend onto the Indian reservation, which is a handicap to people who suffer enough deficit from an opulent society. Nurses have been known to be resentful and unwilling to explain treatment or even to tell a patient if he/she needs to return for follow-up. The whole ordeal becomes unpleasant, and the patient hesitates to subject himself to another experience in humiliation. Some health professionals refuse to see patients unless they have something seriously wrong; and many times, preventative health care measures such as yearly check-ups do not exist for the Indian patient. It has been acknowledged that Indian health seriously lags behind the general population. Also, Indian groups suffer from many diseases that have been eradicated in the dominant society. Even though medical facilities are available for Indian patients, many Anglo health professionals bring a condescending and "superior" attitude, and they become a blocking agent which prevents the Indian from receiving adequate health care. Anglo health professionals tend to view the Indian person as infrahuman. Consequently, the Indian finds himself in a double bind; while the Anglo professional appears

> to have one hand out to dispense health care, the other hand slaps away those who approach him (Branch & Paxton, 1976, p. 90).

Although the majority of Indian people do utilize the Indian Health Service, there are still a few who do still use the services of a medicine man. Tribes vary in their various rituals and ceremonies in regard to their medicine use. The following is an example of the Navajo Indian medicine structure and rituals:

> Although Western medicine probably is the most utilized health system among American Indians today, there are those who still use the services of their medicine men. Medicine men and the traditional native healing system, therefore, still offer a viable alternative for those who are fortunate to have it available to them. Fortunate, because these tribal groups have a culturally relevant resource to deal with some of their mental problems (Branch & Paxton, 1976, p. 87).

> The Native American System of healing arts varies from tribe to tribe and in degree of complexity. For example, the Navajo healing traditions consist of a complex system which includes healing specialists, herbalists, and diagnosticians. Depending on the type of symptoms or illness, the patient elects one type of healer or goes through complex healing ceremonies which bring into play a number of specialists; i.e., within the Navajo culture, a series of bad dreams is given an importance equal to that of a traumatic illness such as cancer (Branch & Paxton, 1976, p. 87).

> A Navajo patient may sometimes, after using some home remedy, approach one of the "hand tremblers" (diagnosticians) for a firm diagnosis. The hand trembler is so called because the diagnosis is made with the intervention of the deities who take over the diagnostician's hand; the trembling hand then draws a picture that interprets the cause of the illness. The hand trembler then

> informs the patient of the diagnosis and recommends what needs to be done to correct the condition. Sometimes this recommendation may mean either a series of ceremonies or a one-time treatment by a medicine man whose speciality is the treatment of the specific illness (Branch & Paxton, 1976, p. 87).
>
> The patient in either case is charged whatever he can afford or offers to pay. Payment may be with livestock or other material goods. The medicine man, when asked to perform the curing ceremonies, does so usually in the patient's own home where friends and relatives can participate (Branch & Paxton, 1976, p. 87).
>
> There is very little difference in most of the modes of treatment used by Navajo medicine men as compared to those used by physicians. Oral medicine (herbs) is often used in conjunction with other forms of treatment, such as sweat baths for application of heat as well as used for psychologic purification. Bedrest, isolation, diet therapy, exercise, and other common treatments used by physicians are all used by Navajo medicine men. It is also very common today for Navajo medicine men and other Practitioners* to refer their patients to the hospital or clinic to see a physician (Branch & Paxton, 1976, p. 87).
>
> *Practitioners is a catch-all word used to describe the cadre of Indian people who have expertise in fixing herbs, setting bones, treating witchcraft, serving as midwives, and/or have any outstanding curing skills.

The Need for Indian Health Professionals

According to an Association of American Indian Physicians' pamphlet entitled "There is a Need," the American Indian is grossly underrepresented in the health professions as shown by the fact that out of approximately 320,000 physicians in the United States, only 52 have been identified as American Indian. There are approximately

118,000 dentists in the country of whom an estimated 10 are American Indian; and of the approximately 125,000 pharmacists there are only an estimated 10 American Indians. These figures show the disproportionately small number of American Indian health professionals as compared with the manpower pool as a whole.

It has been reported by Dr. Blue Spruce in "Health Career Opportunities for American Indians" (1973) that

> More than half of the 7,000 employees of Indian Health Service are Indian, but these employees are almost exclusively orderlies, clerks, janitors, and aides. These statistics give a partial view of how Indians are inadequately represented in health professions in their own communities and across the nation (p. 1).

The following statistics gathered from the Indian Health Trends and Services, 1974 Edition, also shows the tremendous need for such Indian health professionals:

> Accidents continue as the leading cause of death in the Indian and Alaskan Native population. One out of every five deaths in this population group is the result of an accident. Less than one out of sixteen deaths in the U.S. population is the result of an accident. Diseases of the heart and malignant neoplasms are the second and third leading causes of death among the Indians. These two classifications are ranked 1 and 2 in the U.S. population. Cirrhosis of the liver, fourth leading cause of death in the Indian population, is the tenth leading cause of death in the U.S. The crude death rate for cirrhosis of the liver has increased 221 percent since 1955. Suicides, diabetes mellitus, and homicide have also experienced considerable increases in their crude death rate during this period. Major reductions have been noted for enteritis and other diarrheal diseases,

> tuberculosis, influenza and pneumonia, certain causes of mortality in early infancy, and congenital anomalies (p. 31).

Dr. Taylor McKenzie stated at the Fifth Ned Hatathli Seminar,

> If you would look at the statistics, as President Nixon acknowledges, you would learn that the health of the American Indian people is about 20 to 25 years behind current times. There are many reasons for it. One is manpower shortages and that is why I hope you're here, so that we can convince you to go into the field of health, either as a nurse, a physician, an emergency medical technician, pharmacist, dentist, whatever, because you're needed on the reservation (Taylor, et al., 1975, p. 2).

There is a definite need for Indian health professionals, and hopefully more Indian students will be encouraged to enter the health field and to succeed at it.

Barriers to Minorities Entering the Health Professions

The following barriers were identified as hindering minority groups to enter the various health professions in a study conducted by the Southwest Program Development Corporation, 1975: (a) financial, (b) educational, (c) institutional practices and policies governing recruitment and admission, (d) family and culture, (e) geographic, (f) lack of role models, (g) lack of adequate counseling services, (h) perception and knowledge of allied health fields, and (i) lack of adequate tutorial programs (p. 120).

The following list of barriers were found to be most relevant to the Indian students:

Educational Barrier

The majority of Indian students are not academically prepared to enter the health field college curriculums after graduation from high schools. This is due to not getting the necessary four years of math and sciences courses in high school and also because the "rural schools, be they Indian schools, be they non-Indian schools, throughout the United States are notoriously deficient in their science curricula" (Taylor, et al., 1975, p. 20).

Some of the Indian students that do come to college have graduated from Bureau of Indian Affairs schools. These schools generally are not up to the same quality of academic levels that the public schools are. As a result of this, BIA Indian school graduates are even further behind the Indian public school graduates. This only adds to the frustration of the Indian student.

It is stated in Health Career Opportunities for American Indians (1973) that

> Preparation for a professional health career requires a solid background in the sciences and knowledge of math. This preparation begins in high school and continues into undergraduate and graduate years. For many years, Indian students have not been encouraged to take science and math courses in high school or college. It is time students begin taking courses of this nature to better prepare themselves for health/science curriculums (p. 1).

Due to this lack of the necessary math and science courses in high school, many health students are required to take math and science

college preparatory courses during their first year of college. This results in an extra year of college just getting the Indian students ready to start their regular college programs. This extra year of preparatory courses can be very discouraging to the Indian health student and causes some of the students to change their major or to drop out of college.

Counseling Barrier and Perception and Knowledge of Health Field Barrier

Many of the Indian health students who were interviewed stated that they weren't advised by their high school counselors as to what classes they should take while in high school in order for them to enter a health curriculum at the college level.

Also many had not even talked to a counselor regarding their future career choices. Those that did see their counselor were not given enough information regarding their career choice--how long it would take, the various colleges in the state that offered the health programs they decided to enter, whether or not there was a professional school located within the state, etc.

Family and Cultural Influences Barrier

Minorities are influenced by peer pressure, counselor, teacher appraisals, and parental expectations to aspire to those careers and career levels traditionally held by minorities in the community (Southwest Program Development Corporation, 1975, p. 133). Since

there are very, very few Indians in the various health professions in Indian communities, many Indian students are generally not encouraged to enter the health field.

Generally minority students' parents usually have little formal schooling and do not provide the necessary support or incentive to consider post-secondary education. This factor has been gradually diminished as more parents are seeking and obtaining more education and are becoming actively involved with their children's education.

According to Alonzo T. Spang, Sr., 1971,

> The parents of Indian youth generally tend to be uneducated, in the formal academic sense, when compared to the advantaged parents of white students. This factor poses problems for the youth as he progresses through the educational system since he cannot receive help and guidance in academic work from a home setting (p. 101).

Tutorial and Supportive Services Barrier

Minority students are also reluctant to utilize the tutorial and supportive services programs because it is considered to be an indication of weakness. In addition, tutorial programs are usually tailored to meet dominant society student needs and are not designed to cover basic principles (Southwest Program Development Corporation, 1975, p. 134).

Role Models Barrier

There are very few Indian health professionals in Indian communities. This lack of a role model does little to help influence

Native Americans to enter a health profession. High school students need role models to provide motivation to consider post-secondary education and also possibly a health career.

The majority of minority role models are in other professions and sometimes are assessed by minority students as having placed considerable distance between themselves and their cultural background and the students' cultural milieu (Southwest Program Development Corporation, 1975, p. 136).

Lack of Incentive and Orientation to Post-Secondary Education at Elementary School Level

Incentive is often lost at the elementary school level due to low self-concepts held by minority students as a result of teachers' negative attitudes towards minorities.

Career information is generally given late in high school. Indian students should be exposed to post-secondary education--what college is like, the different colleges in Montana, etc. Also, career information should be emphasized as early as possible in elementary schools. The sooner the student starts thinking about what they would like to be, the more prepared and goal-oriented they will be.

Current Trends

Presently there have been increased efforts by colleges and medical schools to recruit Native Americans into the health professions. There also have been increased efforts by tribal councils to get Indians more involved in the health professions. An example of this would be the recent formation of the Navajo Health Authority. In June, 1972, as a result of President Nixon's report to the nation on the need for improvement in Indian health conditions, the Navajo Health Authority was created by the Navajo Tribal Council. Its stated purpose is developing comprehensive health education for the Navajo nation, including the future American Indian Medical School. Tribal as well as federal funds were committed to the development of the Navajo Health Authority (Taylor, et. al., 1975, p. vi).

There are also various Indian organizations which are actively encouraging Indians to enter a health career. The Association of American Indian Physicians is such an organization. It is comprised of approximately 40 Indian physicians of at least 1/8 degree American Indian or Alaskan Native blood. One of their main objectives is the recruitment and support of Indian students into health professions. This organization also conducts a summer program which gives Indian health students an opportunity to work in an Indian physician's

office (Association of American Indian Physicians' pamphlet, entitled "There is a Need").

According to the Indian Health Career Handbook and Report on the Fifth Ned Hatathli Seminar for Southern Arizona Indian Students, 1975, the progress of the American Indian Physicians Association has been great. In 1971, they could identify only 17 American Indian medical students. In the fall of 1974, they identified 130 Indian students enrolled in medical schools. The AAIP (Association of American Indian Physicians) has been instrumental in assisting some of these students in meeting some of the barriers and problems that they have encountered in trying to enter a health profession (p. 18).

The Indian Health Care Improvement Act (Public Law 94-437, 94th Congress, S. 522) passed on September 30, 1976, has greatly encouraged maximum participation of Indians in the federal health programs. Some of the findings of the Indian Health Care Improvement Act are:

> Sec. 2. The Congress finds that--
>
> (a) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people (Indian Health Care Improvement Act, 1976, p. 1).
>
> (b) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning

and management of those services (Indian Health Care Improvement Act, 1976, p. 1).

(c) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians (Indian Health Care Improvement Act, 1976, p. 1).

(d) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States. For example, for Indians compared to all Americans in 1971, the tuberculosis death rate was over four and one-half times greater, the influenza and pneumonia death rate over one and one-half times greater, and the infant death rate approximately 20 percent greater (Indian Health Act Improvement Act, 1976, p. 1).

(e) All other Federal services and programs in fulfillment of the Federal responsibility to Indians are jeopardized by the low health status of the American Indian people (Indian Health Care Improvement Act, 1976, p. 1).

Title 1--Indian Health Manpower of the "Indian Health Care Improvement Act" is intended to augment the inadequate number of health professionals serving Indians and remove the multiple barriers to the entrance of health professionals into the Service (Indian Health Service) and private practice among Indians (Indian Health Care Improvement Act, 1976, p. 3).

Section 102 deals with the health profession's program for Indians. The following is the major portion of this program:

Sec. 102. (a) The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities or Indian tribes or tribal organizations to assist such entities in meeting the costs of--(1) identifying Indians with a potential for education or training in the health professions and

> encouraging and assisting them (a) to enroll in schools of medicine, osteopathy, dentistry, health, nursing, or allied health professions; or (b), if they are not qualified to enroll in any such school, to undertake such post-secondary education or training as may be required to qualify them for enrollment (Indian Health Care Improvement Act, 1976, p. 3).

Other sections of this act are to expand more money for more efficient health care for Indians, improved health facilities, access to health services, health service for urban Indians, and a feasibility study for an American Indian School of Medicine.

Summary

Before the coming of the white man, Indians had a good health system going for them. They had reached a high degree of self-sufficiency. Indian people were taking care of and meeting the health needs of the Indians. This was short lived, however, as they were forced to change their way of life.

Indians have been guaranteed health care through many of the treaties signed, in which they gave up most of their land. The health care was first the responsibility of the War Department; later this was transferred to the Bureau of Indian Affairs. Presently, the Public Health Service is the responsible agency.

The need for Indian health professionals has been realized and active recruitment of Indian students to enter health careers has begun. More colleges, medical schools, Indian health organizations,

and various tribes have begun actively recruiting and encouraging Native Americans to enter a health career.

There are many barriers to Indian students as they pursue a health career. Some of these barriers are: education barriers, counseling and perception and knowledge of health field barriers, family and cultural influences barriers, tutorial and supportive services barriers, role models barriers, and the lack of incentive and orientation to post-secondary education at elementary school levels.

As more and more Indian students are actively encouraged to enter the health careers, more students are more willing to try and enter a health career. Also, with more support from the other students, the health students will be more encouraged to succeed.

CHAPTER III

PROCEDURES

Introduction

The purpose of this study was to determine the factors which influence and encourage Native Americans to enter the health professions. Other questions which were answered are the major problems encountered by the Indian students, and their opinions as to what is needed in both the recruitment and retention phases to increase the number of Indian health professionals. This chapter contains a description of the population, definitions of categories, method of collecting data, method of organizing data, and summary.

Population Description

The population of this study consisted of Native American students enrolled in nursing, pre-pharmacy, and pre-medical majors at Montana State University during Spring Quarter, 1977. This population consisted of different ages, different tribal affiliations, and different grade levels.

Definitions of Categories

The factors which were surveyed constituted five categories:

I. Factors Which Influenced Indian Students to Enter A Health Career

II. Characteristics of the Indian Health Students at Montana State University, Spring Quarter, 1977

A. Age Range
B. Sex
C. Majors
D. Tribal Affiliations
E. Future Goal
F. Certainty of Obtaining Their Future Goal
G. Other Personal Information and Opinions of Health Students

III. Major Problems Encountered by Indian Health Students

IV. Student Suggestions for Recruitment and Retention of Indian Health Students

These categories have been designed to encompass the general objectives described in the section of Chapter I entitled "General Procedures."

Method of Data Collection

The data for this study was obtained from a personal interview questionnaire. The questionnaire included personal information questions, such as tribal affiliation, degree of Indian blood, age, etc. It also inquired as to the factors such as who and what influenced the student to enter a health career. The questionnaire also asked for the students' suggestions in regard to recruitment and retention of future Indian health career students. It also inquired as to the major problems that they as Indian health career students have encountered so far.

The researcher phoned each student and set up an appointment to interview them and fill out the questionnaire. Since the population was so small, this seemed to be the best approach.

Method of Organizing Data

The method of organizing data is strictly descriptive in nature. The responses from each student were tabulated and reported.

Summary

The method of data collection used in this study is mainly descriptive in nature and does not lend itself to a more statistical design. This study's primary objective was to report existing circumstances. Hopefully, there will be further thorough investigations done by Indians, as well as further improvements in preparing future Indian health professionals.

Perhaps educational institutions and other service organizations will help Indian students overcome some of the major problems they face while attempting to become a health professional, to furnish more Indian students with facts about the various health careers, to give them encouragement that they can make it if they really want to, to enact the recommendations the Indian health student has to offer to enable Indian students to stay in school, and mainly to utilize the factors which influence Indian students into health careers so that more Indian students will be encouraged to serve their people as health professionals.

CHAPTER IV

INTERPRETATION OF DATA

The purpose of this study was to determine the factors which influenced and encouraged Indian students to enter health careers. Also important were the students' opinions as to the major problems that they had encountered, and what was needed for the retention and recruitment of Indian health students.

The total population of this study consisted of ten Indian students majoring in nursing, pre-medicine, and pre-pharmacy at Montana State University during spring quarter, 1977. The total number of identified Indian health students was 20 but 10 of these students could not be contacted.

The factors influencing Indian students to enter a health career were a result of the analysis of the completed questionnaires. Other findings included characteristics of the Indian health student, major problems encountered, and student suggestions regarding the recruitment and retention of future Indian health students.

Factors Which Influenced Indian Students to Enter a Health Career

The most influential persons in the students' decisions to enter a health career were parents. Fifty percent (5 students) stated that their parents were the most influential. Following parents, the next influential persons were high school teachers. Others listed were

friends, the Native American Health Career's Director at Montana State University, high school counselors, and family doctors.

Other factors influencing Indians to enter the health field were previous work experience (60%, 6 students, mentioned this). Other factors were personal interest, inadequate health care on reservations, lack of Indian health professionals, and personal reasons.

Characteristics of the Indian Health Student at Montana State University During Spring Quarter, 1977

The surveyed students were either Blackfeet, Flathead, Sioux or Assiniboine Indians. Thirty percent (3 students) were less than 1/4 degree Indian; 30% (3 students) were 1/4 degree Indian; and 40% (4 students) were 1/2 degree Indian or more.

Seventy percent (7 students) were born or raised on the reservation. The remaining three students (30%) who were neither born nor raised on a reservation were all less than 1/4 degree Indian. Only 20% (2 students) could speak their Indian language; the remaining eight students (80%) could not.

Forty percent (4 students) were freshmen; 20% (2 students) were sophomores; 10% (1 student) was a junior; and 30% (3 students) were seniors. All of the students interviewed were female. The ages of the Indian health students ranged from 19 to 28 years old.

Seventy percent (7 students) were very sure of obtaining their future goals. Fifty percent (5 students) wanted to become registered

nurses; 30% (3 students) wanted to become doctors; 10% (1 student) wanted to become a pharmacist; and one student was still undecided.

Seventy percent (7 students) surveyed definitely planned to work on an Indian reservation and wanted to help Indian people. Twenty percent (2 students) were undecided as to whether or not they really wanted to work on a reservation, and the remaining student stated that she really didn't care to work on an Indian reservation.

In 50% (5 students) of the cases, both parents had graduated from high school; in 30% (3 students) of the cases, at least one of the parents had graduated from high school; and in the remaining 20% (2 students) cases, neither parent had graduated.

Eighty percent (8 students) felt that they had received adequate counseling. Only 20% (2 students) felt that they had not. The person that they went to see the most for counseling and advice was the Native American Careers in Health director. Sixty percent (6 students) stated that having an Indian counselor made little or no difference, while 40% (4 students) stated that they preferred to have an Indian counselor.

Major Problems Encountered by Health Students

Sixty percent (6 students) felt that they were not adequately prepared academically. All of these students stated that they were deficient in both math and science. This was probably the result of

not receiving adequate guidance and encouragement in high school. Other problems that were mentioned were personal problems, financial difficulties, friends had dropped out of college--being alone and lonely, skipping classes, adjustment to dorm and college life, and poor grades.

Students' Suggestions for the Recruitment of Indian Health Students

Following are some of the students' suggestions to influence more Indian students to enter the health field: (a) recruitment programs for Indian students to enter health programs, (b) having successful Indian health students talk to the new health students, (c) having successful Indian health professionals talk to prospective new students, (d) exposure to health field by working in hospitals, (e) more health career information available at elementary grade school levels, (f) more stipends and scholarships should be made available to Indian health students, and (g) more exposure to college life before coming to college.

Students' Suggestions for the Retention of Indian Health Students

Some of the suggestions to keep Indian health students from dropping out of college are: (a) more and better counseling, (b) a good tutoring program for the Indian health students, (c) more encouragement from other Indian health students, (d) letting the

students know that you are there to help them, (e) a buddy system--pairing students up who are in the same health profession, (f) more tribal involvement and encouragement to their respective health students, (g) better academic advising, (h) a better high school preparation, and (i) a permanent focal point where one can discuss problems with other health students.

Summary

Parents are very influential people in their children's lives. Today many of the Indian parents must become more involved in their children's education. They have to become more supportive, interested, and actively encourage their children's endeavor to become Indian health professionals.

Of the ten students that the researcher interviewed, only one student had a very poor attitude toward being an Indian. It appeared to the researcher that she really wasn't proud of being an Indian. She didn't look Indian and could have passed for white. The researcher felt that the only reason she claimed to be Indian was to get a Bureau of Indian Affairs Scholarship Grant. The rest of the students were very positive in their attitudes about being an Indian.

One thing that kept coming up was the need for reinforcement and encouragement from the other Indian health students. It rather resembles the buddy system and it could be very effective here. Here

are some of the following related suggestions: (a) more encouragement from other Indian health students, (b) a permanent focal point where one can discuss problems with other Indian health students, (c) letting the students know that you are there to help them, and (d) instituting a buddy system--two or more students who are majoring in the same health field, preferably in the same grade level.

Another explanation for this need for reinforcement is the fact that the upperclassmen are proof that they too can make it. It could be mainly the emotional support that they really want and need.

The researcher was very impressed with the surveyed students' attitude toward future health students. They were very genuinely concerned about the new students getting all the help and the encouragement that they needed.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to determine factors which influence and encourage Native Americans to enter the health professions, to determine the major problems encountered by the health students, and also to solicit students' suggestions as to what is needed in both the recruitment and retention phases to increase the number of Indian health professionals.

A questionnaire intended to identify the various factors that influenced the Indian students to enter a health profession was prepared. The researcher then contacted the students and set up an appointment with the student to interview them. The completed questionnaires were then analyzed and various conclusions were drawn. This study was intended to be mainly descriptive in nature.

Summary

Many treaties have been made between the various tribes and the federal government because of the many broken promises or "misunderstandings" between them. This has resulted in new negotiations and settlements. Some treaties do mention health care while others do not. All the documents are confused and inconsistent. As a result of this, the legal entity on which to base a centralized health program pertaining to all Indian and Alaskan Natives is still unsettled.

However, the Indians did give up title to the majority of their lands in exchange for a protected "trusteeship" status.

The government is still uncertain on the extent of its responsibility for Indian health. From the beginning, the government has realized some responsibility for health. Early appropriations were taken from the education funds and distributed to various organizations working among the Indian tribes.

The War Department was the first department to control Indian affairs. As the Indian lived close to nearby military posts, it was convenient for the Army medical personnel to take care of their medical problems. The first appropriation for Indian health was made in 1832 to begin a vaccination program for the Indians.

In 1849, the Department of the Interior was established and the existing medical care passed into civilian control. The responsible agency was the Bureau of Indian Affairs. In 1955, the responsibility for Indian health care passed from the Bureau of Indian Affairs to the Public Health Service, an agency of the Department of Health, Education, and Welfare.

The health of the American Indian has improved greatly since its early beginnings. Among the most dramatic changes in the health status of the American Indians was the drop in deaths of tuberculosis. It now ranks as the tenth leading cause of death, whreas in 1949 it was the leading cause of death. Although deaths from diseases have

decreased sharply during the past 10 years, they are still high in comparison with the United States total.

There are many ambivalent feelings between the Indian Health Service and the Indian patients. This is due to the lack of understanding of the Indian culture, indifference, and the high turnover rate of the doctors, dentists, pharmacists, and other health professionals of the Indian Health Service. The researcher feels that many of these ambivalent feelings could be minimized if there were more Indian health professionals in the Indian Health Service or in private practice on the reservations. There would not be the high turnover rate because the Indian health professionals would be more willing to stay on the various reservations for longer periods of time. It would not be just a way to fulfill an obligation for military service.

There is a very great need for more Indian health professionals to serve the needs of the Indian people and hopefully within the near future this need will be met.

Conclusions

Many of the Indian students who decide to become a health professional are not academically prepared to do so. Many do not have the required math and science courses. This is partly due to not receiving adequate counseling at the high school level and also to the school's deficient science curriculum found in many rural areas.

As a result of this, many students are required to take remedial courses before beginning their major curriculum. This results in an extra year to complete their programs. This tends to discourage students who may decide to change their major.

Parents are very influential in their children's lives. Fifty percent (5 students) stated that their parents were the ones who helped them decide to enter a health career and who also gave them encouragement and support.

The majority of the students were very concerned about the health of the Indian people; seventy percent (7 students) wanted to work with Indian people.

The Indian health students need plenty of encouragement and support from the other health students, parents, tribes, and counselors. Many of the students wanted to have a central focal point where they could get together with other health students to discuss some of their problems and get encouragement and support from the other students.

Some of the major problems encountered by Indian health students were not being academically prepared; inadequate counseling in college and high school; lack of knowledge about college procedures, such as dropping a class; financial problems; adjustment to college life; and many personal problems. The majority of the students who stated that

they were not academically prepared were very conscious and concerned about this problem.

Recommendations

Recommendation for Academic Preparation

Public high schools located on reservations should update their math and science departments. Better and more qualified math and science teachers should be hired, and the math and science equipment budget should be increased.

Also, tutorial programs for improving basic skills, including math and science, note taking skills, etc., should be concentrated on during summer sessions prior to students starting their college programs. This would also be an ideal time to get students acquainted with college life, regulations, and college procedures.

Perception and Knowledge of Health Field

Health career information should be presented to those students who are interested as early as possible in the high school years. More health career recruitment programs should be initiated during career days at the various high schools. Successful Indian health professionals should be invited to attend as well as college students majoring in the various health professions.

Career counseling should begin when the students are freshmen in high school--not when they are seniors. They need all the time that

is possible in order to take all the required courses they have to have for their particular career.

Recommendation for Family and Cultural Influences

More involvement of the total Indian community is needed in recognizing the need for more Indian health professionals. During health career days at the high schools, the total community should be invited. Also, more tribal support should be given to students who decide to major in a health career.

Recommendation for Tutorial and Supportive Services

Each Indian health program at the university level should have its own tutorial programs. The students should know about the various tutoring and supportive services available to them. They should also be encouraged to use them and become more aware that they are there to help them and that using the tutoring services is not a sign of weakness on their part.

Recommendation for Role Models

Minority health professionals should be invited during high school career days to talk to Indian students and also to the parents about the need for Indian health professionals, the opportunities available, and to give them a general pep talk that they too can make it--if they really want to.

Recommendation for Career Education

The sooner a child learns about the various careers, the better. Career education should be implemented into the school systems as early as the elementary school level. This would be very beneficial to the students as they get older. By the time the student reaches high school, he should have a fairly good idea of what he wants to be. This would also open many different careers available which the student would not know existed because of the remoteness of the reservation towns.

This knowledge of what classes are required in order to begin a health curriculum would relieve the problem of not being academically prepared. This would result in the students being able to compete with the other students academically.

Some reservation schools have actively implemented career education programs at the elementary level. Hopefully, all of the schools located on reservations will have career education programs in the near future.

M.S.U. Indian Health Students' Recommendations for the Recruitment of Indian Health Students

(a) Recruitment programs for Indian students to enter health careers, (b) having successful Indian health students talk to new students, (c) having successful Indian health professionals talk to prospective new students, (d) exposure to health field by working in

hospitals, (e) more health career information available at elementary grade school levels, (f) more stipends and scholarships should be made available to Indian health students, and (g) more exposure to college life before coming to college.

M.S.U. Indian Health Students' Recommendations for the Retention of Indian Health Students

(a) More and better counseling at both high school and college levels, (b) a good tutoring program for the Indian health students, (c) more encouragement from other Indian health students, (d) letting the students know that you are there to help them, (e) a buddy system--pairing students up who are in the same health profession, (f) more tribal involvement and encouragement to their respective health students, (g) better academic advising, (h) a better high school academic preparation, and (i) a permanent focal point where one can meet and discuss problems with other health students.

Hopefully, some of the students' recommendations can be put into operation. It's what they feel is necessary for other students to be successful, as well as for themselves to be successful. The need for Indian health professionals is great, and the Indian health students need and deserve all the help that they can get.

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APPENDIX

APPENDIX

INDIAN HEALTH STUDENT QUESTIONNAIRE

1. Personal information:

Tribe:_____Degree of Indian Blood_____
Did you grow up on your reservation? Yes____ No____
Are you an enrolled member of your tribe? Yes____ No____
Grade: Freshman____ Sophomore____ Junior____ Senior____

Age:_____ Sex:_____

Future goal:_____

_____

How sure are you of obtaining your future goal?:

Uncertain_____ Sure_____ Very sure_____

Do you belong to the MSU Indian Club? Yes_____ No_____

Do you feel that belonging to the Indian club has helped you in adjusting to college life? Yes_____ No_____

After you get your college degree, do you plan on going back to the reservation to work? Yes_____ No_____

Do you want to work mainly with Indian people? Yes____ No____

Has both your parents graduated from high school? Yes____ No____

What was the highest grade attained by father?_____

What was the highest grade attained by mother?_____

Has any of your brothers or sisters graduated from college?

Yes_____ No_____

Do you speak your Indian language? Yes_____ No_____

2. Who influenced you the most to enter a health career?

(1)_____

(2)_____

(3)_____

3. What influenced you the most to enter a health career?

   (1)_____

   (2)_____

   (3)_____

4. Where did you get the information concerning the health field you decided to enter?

   (1)_____

   (2)_____

   (3)_____

5. What do you think should be done to keep Indian health career students in college?

   (1)_____

   (2)_____

   (3)_____

6. What do you think should be done to influence more Indians to enter the health field?

   (1)_____

   (2)_____

   (3)_____

7. Do you feel that your high school education has adequately prepared you academically to compete with other college students in your chosen health career? Yes_____ No_____
   If not, what are some of the subject areas that you feel you are deficient in?

   (1)_____

   (2)_____

   (3)_____

8. What are some of the most difficult classes that you've had so far?

   (1)_____

   (2)_____

   (3)_____

9. What are some of the major problems that you have encountered in school so far?

   (1)_____

   (2)_____

   (3)_____

10. Do you feel that you are receiving adequate counseling?
    Yes_____ No_____

11. Who do you generally go to for academic and personal counseling?

    (1)_____

    (2)_____

    (3)_____

12. Would you prefer to have an Indian counselor?
    Yes_____ No_____ No difference_____

13. Do you ever feel that you are discriminated against because you are an Indian? Yes_____ No_____

14. What do you feel is the biggest problem that Indians face today?