

Ts'iin da mxł (come inside, friend)
Tsimshian

Do'eent'aa hello (how are you?)
Tanana Benhti Kenaga' Athabascan

'San uu 'dang giidang
Haida

Nakhwal'in shoo ihlii
Gwich'in Dinjii Zheh K'yaa Athabascan

Wa.é ák.wé? Hello (how are you?)
Tlingit

Sits'ida'on (my friend)
Deg Hit'an Xinag Athabascan

Enaa neenyo
Koyukon Denaakk'e Athabascan

Slatsiin (my friend)
Ahtna Athabascan

Qaimarutin
Inupiaq

Aang
Unangaŕ

Shida (my friend)
Tanaina /Dena'ina Athabascan

Cama'i
Sugpiaq



WELCOME

Quyana tailuci
Central Yupik

Nijaa (our friends)
Han Athabascan

Quyanaaghalek tagilusi
Siberian Yupik



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



KEYS TO DEVELOPING AND SUSTAINING HEALTH AIDE PROGRAMS

LESSONS LEARNED FROM ALASKA

Presented by:

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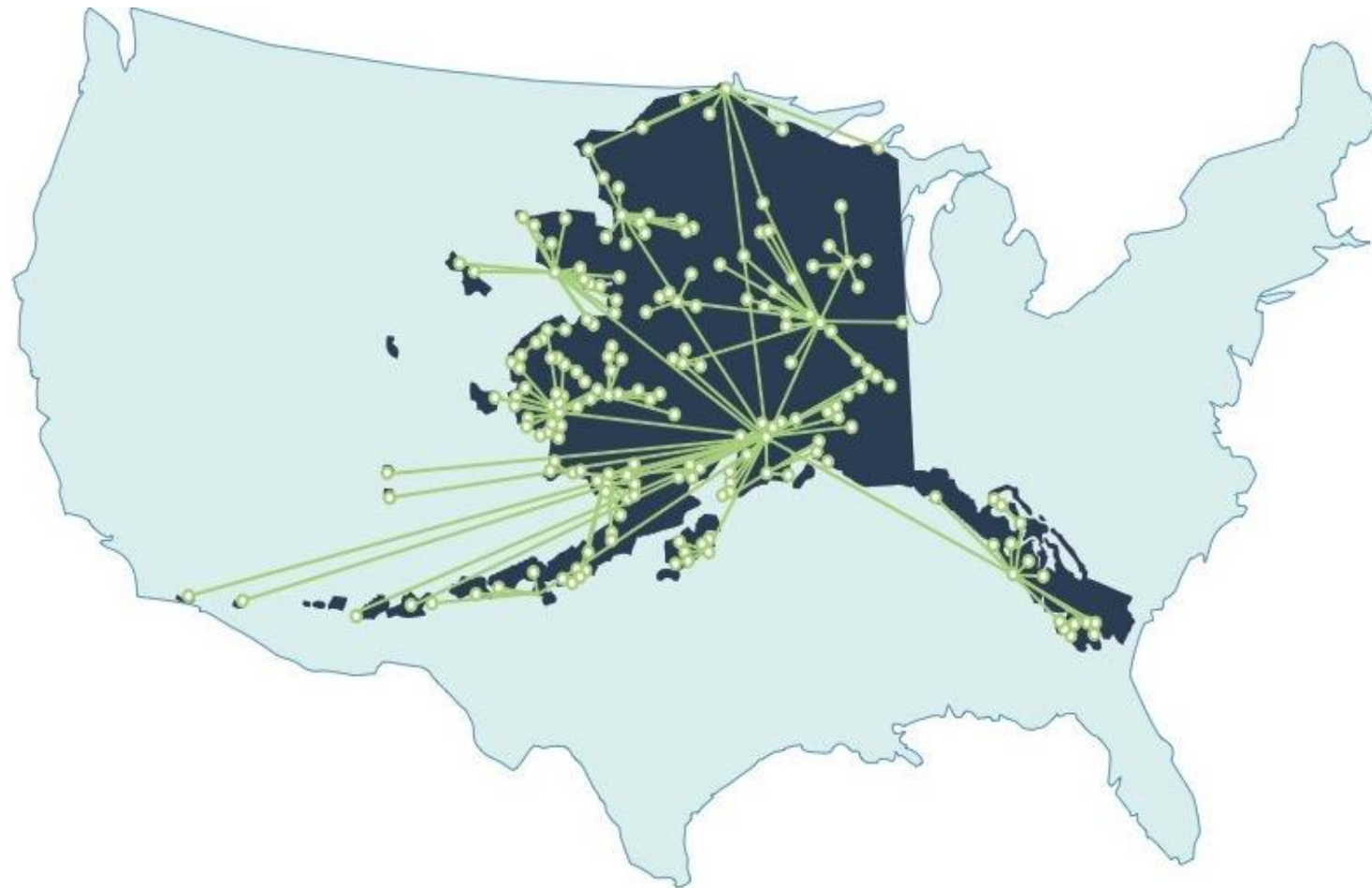
Sarah Shoffstall-Cone, DDS, MPH

OBJECTIVES

1. Describe the historical and current context that informs the Health Aide model.
2. Identify key partners in the development and sustainability of Health Aide programs.
3. Reflect on and apply lessons learned in the development and sustainability of the Health Aide workforce in Alaska.

ALASKA NATIVE HEALTH CARE SYSTEM REFERRAL PATTERN

(Same scale comparison – Alaska vs continental United States)





The Community Health Aide Program was initially developed in the 1960s in response to a number of health concerns that were rampant in rural Alaskan communities, including the tuberculosis epidemic, high infant mortality, and high rates of injury.

**Community Health
Aides/ Practitioners**



The Dental Health Aide Program was initially developed in 2000 in response to a number of challenges: high decay rates in Alaska Native children, a large number of children needing to be treated in the operating room, high vacancy rates and annual turnover rates for dental providers and remote communities

**Dental Health
Aides/Therapists**



The Behavioral Health Aide Program was developed in response to increases in behavioral health concerns in rural Alaskan communities, including suicide, substance abuse, substance-related mortality, domestic violence, and other effects of historical trauma.

**Behavioral Health
Aide/ Practitioners**



Community Health Aides work within the guidelines of the Alaska Community Health Aide Manual (CHAM) to assess and provide emergent, acute, and chronic care to residents of their respective communities.



Dental Health Aides provide regular access to patient education, prevention, and oral health care and are a model of success for improving oral health and access to care for rural populations.



Behavioral Health Aides use a blend of Western and traditional-based practices to provide behavioral health prevention, treatment, and recovery services to Alaska Native populations in rural Alaska.



The **Community Health Aide Program Certification Board (CHAPCB)** was created to formalize the process for maintaining the training and practice standards and policies for community, dental, and behavioral health aides and/or practitioners.

COMMUNITY HEALTH AIDE PROGRAMS

SHARE THE STORY

Certification

Supervision

Training and Education

Clinical Practices

Student Wellness

Sustainability





CERTIFICATION



BUILD A SOLID FOUNDATION (WITH SOME FLEXIBILITY)

- Standards and Procedures
 - Certification requirements
 - Scope of practice, competencies, training requirements
- Source of fidelity across programs
 - Common standards across disciplines
 - Discipline-specific standards
 - Application in different settings



ESTABLISH A RHYTHM



Interdisciplinary
membership

Board employees &
volunteers

S&Ps are the foundation

Sometimes updates are
needed

Develop expertise

ELEVATE THE WORKFORCE

Certification...

- Demonstrates achievement of standards and competence
- Brings respect to health aide workforce
- Supports billing efforts





SUPERVISION





FIND THE RHYTHM

- Understand and reinforce the CHAPCB S&Ps
- Direct, indirect, and general
- Monitor scope of practice, training requirements, competencies
- Regular individual and group supervision
- Limited access can be a barrier



EMBRACE A CHALLENGE

- “Outsiders”
- Difference of longevity between provider and supervisor
- Turnover has a ripple effect
- Balancing clinical caseloads with supervisory duties
- Health Aide connections to community members
- Health Aides are affected by community events

Supervision



A GOOD SUPERVISOR HAS...



ORIENTATION TO THE LANDSCAPE





TRAINING & EDUCATION



HEALTH AIDES ARE ADULT LEARNERS

Skills-based

Critical thinking

Career pathways

Culturally responsive

Blended learning

Learners as teachers





SEE THRU THE GLASS, SEE THE GLASS

- Limited access to training and practice application can be a barrier to certification
- Regardless of the teaching modality, it is time intensive and costly
- Health Aide Manuals, job aids, and patient resources standardize practice and treatment
- Accreditation can influence implementation
 - Limits program flexibility
 - Limits the number of enrolled students



CLINICAL PRACTICE



FOLLOW THE LEADER

- Providers practice how they are trained
- Integrate training/practice in community-based setting
- Training and practice settings should align
- Develop (and share) tools for your tool box



- The Supervisor-Health Aide connection is critical
- Health Aides are the eyes and ears of clinical cases and their community

- EHRs and telehealth systems make supervision & consultations efficient
- Practice evolves in response to community needs



TRUST THE PROCESS



INVEST IN RESOURCES THAT INCREASE EFFICIENCIES



- Consistent & reliable processes
- Program fidelity
- Comfort with documentation and technology early on
- Patient resources
- Health Aide Manuals & job aids
- EHRs and billing systems
- Telehealth equipment
- DHATs need a dental assistant



STUDENT WELLNESS





DEN'A (THE PEOPLE)

On call 24/7

Systems that care
for the worker

Standardize wellness
trainings

Opportunities to
engage in wellness





SUSTAINABILITY



WE ARE ONE

Establish a Solid Foundation

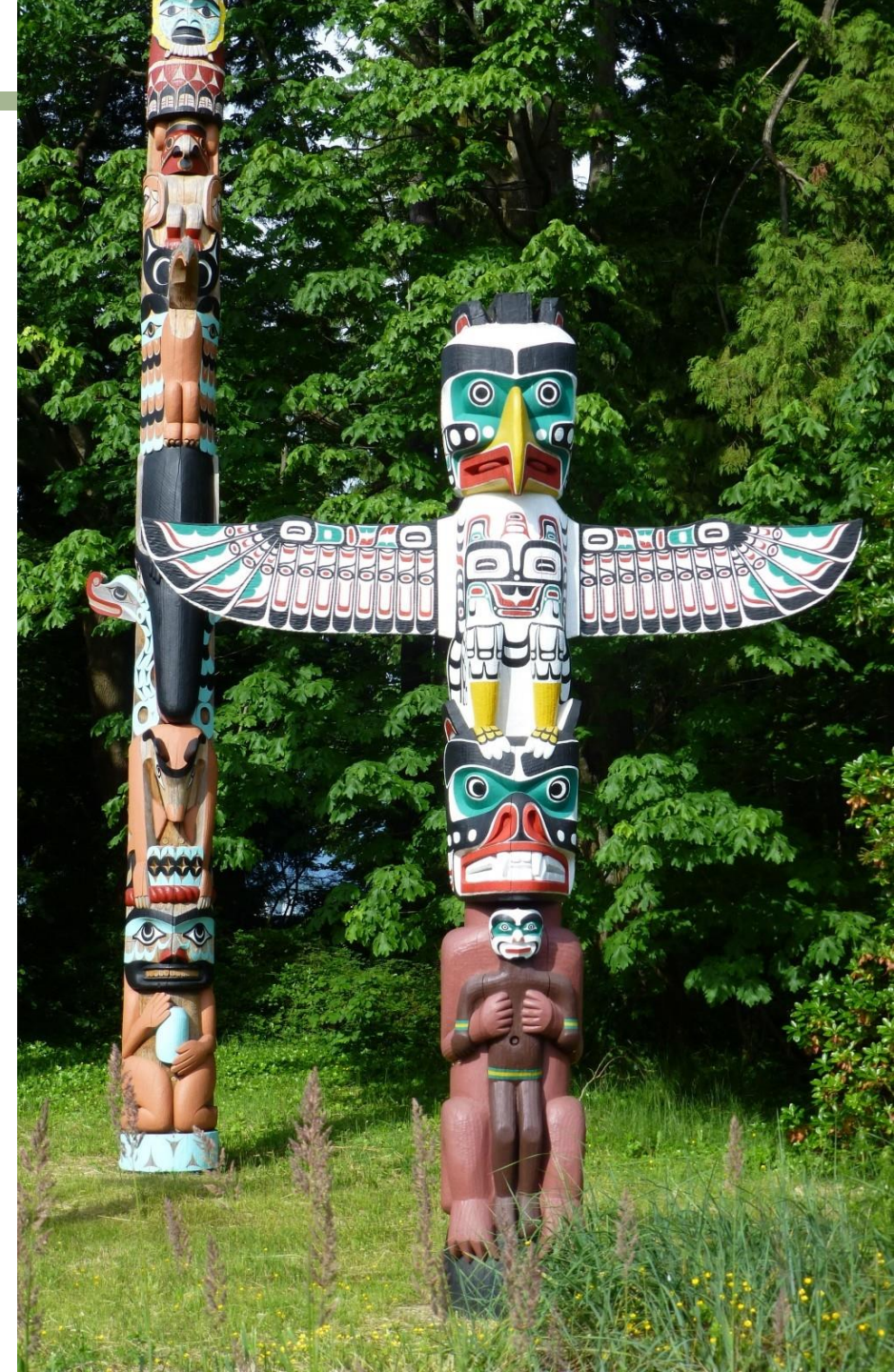
55 years... and counting
It will take time; do not rush things
Sometimes things don't look like they are moving- but they are

Partnerships are Key

We're all in this together
Thoughtful recruitment and investment
Tribal systems
State systems
Medicaid/Insurance
Educational partners
...

Parts of a Whole

Part of a system
Small clinic vs multi-provider setting
Complimenting existing providers
Demonstrate a unique role
Mutual respect of providers
Integrated/ Holistic care



Academic Review Committees

Accreditation bodies

Alaska Pacific University

Behavioral Health Aide
program

Bethel Community Services
Foundation

Centers for Disease Control

CHAP Certification Board

Community Catalyst

Community Health Aide
program

Dental Health Aide program

Department of Labor

Educational Credit
Management Corporation

Funding partners

Health Aides

Health Resources and Services
Administration

Healthy Alaska Natives
Foundation

Ilisagvik College

Kellogg Foundation

Alaska Mental Health Trust
Authority

Murdock Foundation

National Indian Health Board

Paul G.Allen

Pew Research Center

Rasmuson Foundation

Robert Wood Johnson

State of Alaska

Substance Abuse and Mental
Health Services

Tribal Behavioral Health Aide
Directors

Tribal Health Directors

Tribal Health Organizations

University of Alaska Anchorage

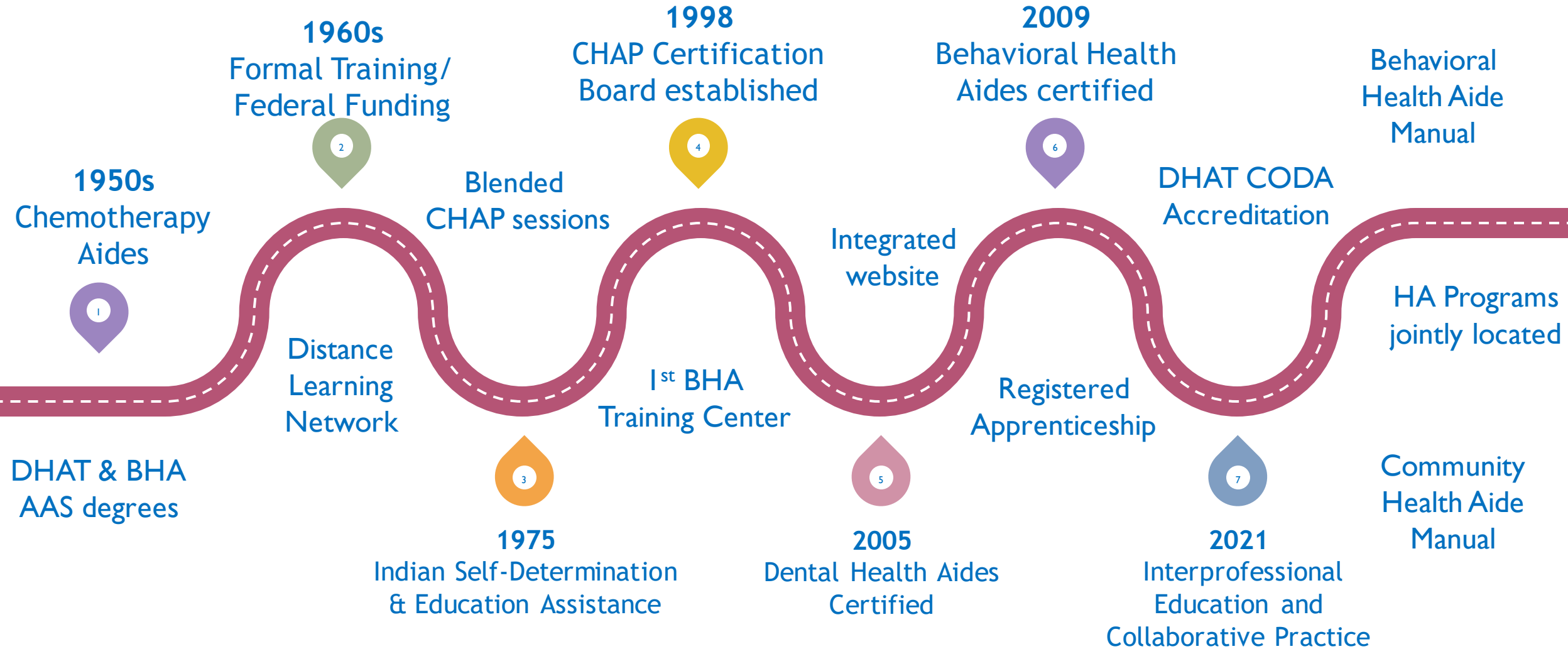
University of Washington

Yuut Elitnaurviat

THE JOURNEY CONTINUES

- Educational programs
 - It's hard
 - It doesn't stop with a degree or certificate
 - Continued education
- Financial Sustainability
 - Health Aides can cover their costs
 - Aim to have all providers bill at the same rate
- Continued learning
 - COVID
 - Interprofessional Education & Collaborative Practice
 - Integrated practices





Any Questions?

Check out our website:

www.akchap.org



