KEYS TO DEVELOPING AND SUSTAINING HEALTH AIDE PROGRAMS

LESSONS LEARNED FROM ALASKA

Presented by:
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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.
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.
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.
### Community Health Aides

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

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

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.

### Community Health Aide Program Certification Board (CHAPCB)

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.
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
A GOOD SUPERVISOR HAS...

- Passion
- Role model / Mentor
- Clear communication
- Humility
- Experience in Alaska
- Public health mindset
- Willingness to learn
- Ties to community
- Longevity
ORIENTATION TO THE LANDSCAPE

Supervisor Training

- Regional history
- Work-life balance
- Specific supervisory skills
- HA History
- Familiarity with S&Ps

Supervision
HEALTH AIDES ARE ADULT LEARNERS

- Skills-based
- Critical thinking
- Career pathways
- Culturally responsive
- Blended learning
- Learners as teachers
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
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
<table>
<thead>
<tr>
<th>Establish a Solid Foundation</th>
<th>Partnerships are Key</th>
<th>Parts of a Whole</th>
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<tbody>
<tr>
<td>55 years… and counting</td>
<td>We’re all in this together</td>
<td>Part of a system</td>
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<tr>
<td>It will take time; do not rush things</td>
<td>Thoughtful recruitment and investment</td>
<td>Small clinic vs multi-provider setting</td>
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<td>Sometimes things don’t look like they are moving - but they are</td>
<td>Tribal systems</td>
<td>Complimenting existing providers</td>
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<td>State systems</td>
<td>Demonstrate a unique role</td>
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<td>Medicaid/Insurance</td>
<td>Mutual respect of providers</td>
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<td>Educational partners</td>
<td>Integrated/ Holistic care</td>
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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
• 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