Northwest Tribal Community Health Provider Programs:
Building a Bridge from Community Health Representative to
Community Health Practitioner, Behavioral Health Aide Practitioner, Dental Health Aide, or Dental Health Aide Therapist

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(Umatilla/WallaWalla/Cayuse)
Community Health Aide Program Director

Sarah Cook-Lalari
(Lummi)
Behavioral Health Aide Program Director

Kari Kuntzelman
(Chickasaw)
Dental Health Aide Education Specialist
Objectives

1) About the Tribal Community Health Provider Program
2) Overview of Dental Health Aide/Therapists
3) Overview of Behavioral Health Aide/Practitioners
4) Pathway for Community Health Representatives to Community Health Aides to Community Health Practitioners
5) Certification Development
6) Join us! CHAP Symposium Invite
• Established in 1972
• Non-profit tribal advisory organization serving the 43 federally recognized tribes of Oregon, Washington, and Idaho.
• Each member tribe appoints a Delegate via tribal resolution, and meets quarterly to direct and oversee all activities of NPAIHB.
• NPAIHB Delegates create and update a strategic plan, which contains four main functional areas:
  • Health promotion and disease prevention
  • Legislative and policy analysis
  • Training and technical assistance
  • Surveillance and research
• NPAIHB houses a tribal epidemiology center (EpiCenter), several health promotion disease prevention projects, and is active in Indian health policy.
IDAHO: 5 Tribes

OREGON: 9 Tribes

WASHINGTON: 29 Tribes
NORTHWEST CHAP:

Tribal Community Health Provider Program (TCHPP)

ESTABLISHED IN 2015
**Community Health Aide Program (CHAP) Disciplines**

**DENTAL HEALTH AIDE/THERAPIST (DHA/T)**

DHATs are highly-trained primary oral health care providers that have a narrow scope of practice, focusing on routine and preventive services which include simple extractions and restorations. DHAs focus on outreach and prevention and work with advanced providers to provide restorative care.

**BEHAVIORAL HEALTH AIDE/PRACITIONER (BHA/P)**

BHAs are counselor’s, health educators, and advocates. BHAs help address individual and community-based health needs such as alcohol, drug and tobacco abuse and mental health. BHAs use a combination of Western and traditional-based practices to provide care.

**COMMUNITY HEALTH AIDE/PRACITIONER (CHA/P)**

CHA/Ps are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve. They work within the tribal health and human systems and practice under the supervision of a licensed clinical provider.
Why CHAP

- CHAP was developed to sit outside state regulatory environments to give tribes and tribal health programs the ability to tailor both the education and regulation of providers in their communities.
- The current system of health care has been failing tribal citizens for centuries – CHAP is an opportunity for tribes to shape a system of provider education and regulation to truly meet their needs.
- CHAP addresses important social determinants of health such as education attainment and financial security.
- CHAP was designed to circumvent structural barriers to education and healthcare that tribal communities have worked hard to overcome.
Historical Trauma and Lack of Culturally Competent Providers

<table>
<thead>
<tr>
<th>Dentists in the US by Race</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American</td>
<td>0.1%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>7%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>3.5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3.5%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>86%</td>
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</tbody>
</table>

Source: American Dental Association, Bureau of Health Professions, HRSA

Out of the estimated 5.2 million American Indians and Alaska Natives (AI/ANs) in the U.S., about 3,400 are physicians, just 0.4% of the physician workforce, according to a 2018 AMA Council on Medical Education report, “Study of Declining Native American Medical Student Enrollment.”

<table>
<thead>
<tr>
<th>Therapists in the US by Race</th>
<th>Percentages</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>76.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>10.6%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>6.3%</td>
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<tr>
<td>Black or African American</td>
<td>4.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2.2%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Source: https://www.zippia.com/physician-assistant-jobs/demographics/

Source: https://www.crossrivertherapy.com/therapist-statistics
<table>
<thead>
<tr>
<th>Period</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950's</td>
<td>Originated in response to TB epidemic</td>
</tr>
<tr>
<td></td>
<td><a href="https://akchap.org/">https://akchap.org/</a></td>
</tr>
<tr>
<td>1960's</td>
<td>Indian Health Service (IHS) establishes the Community Health Aide Program (CHAP) in Alaska (this only included mid-level medical providers who were Community Health Aides).</td>
</tr>
<tr>
<td>1970's</td>
<td>Congress amends the Indian Health Care Improvement Act (IHCIA) to authorize the CHAP (PL 94-437).</td>
</tr>
<tr>
<td>1990's</td>
<td>Alaska Community Health Aide Program Certification Board formalized</td>
</tr>
<tr>
<td>2000's</td>
<td>Dental Health Aide and Behavioral Health Aide Programs created and certified</td>
</tr>
<tr>
<td>2020</td>
<td>Nationalization of the CHAP program</td>
</tr>
</tbody>
</table>

[https://www.ihs.gov/chap/background/](https://www.ihs.gov/chap/background/)
Dental Health Aide Program
2016
First Dental Therapist hired by Swinomish Tribe
Oregon Dental Pilot Project #100 approved

2017
Washington State passes Dental Therapy Legislation

2018
Dental Therapy Education Program Feasibility Study and Advisory Committee

2019
Idaho passes Dental Therapy Legislation

2021
Oregon passes Dental Therapy Legislation

2022
daxʷxayabun DT Education Program receives CODA Accreditation, enrolls first class

2023
Washington State passes state wide legislation
Program Overview

**SKAGIT VALLEY COLLEGE**

Skagit Valley College and the Swinomish Tribe collaborate to create də̓x̌w̓x̌ ay̓esbus – Washington Dental Therapy Education Program

**DENTAL THERAPY PROGRAM LOCATIONS**

The Dental Therapy program at SVC is offered at the Mount Vernon Campus and Swinomish Indian Tribal Community (SITC) Dental Clinic.

- Mount Vernon Campus – 2405 E College Way, Mount Vernon, WA 98273
- SITC Dental Clinic – 17395 Reservation Rd., PO Box 332, La Conner, WA 98257

- 12 Student per cohort
- Program duration: 28 months
## First Year

### Fall Quarter
- DT 101 - Fundamentals of Dental Therapy | Credits: (4)
- DT 111 - Dental Therapy Lab I | Credits: (2)
- DT 131 - Oral Health Education I | Credits: (2)
- CSS 103 - First Quarter Experience | Credits: (2)
- CMST 210 - Interpersonal Communication: D | Credits: (5)

**Total Credits: 15**

### Winter Quarter
- DT 102 - Fundamentals of Dental Therapy II | Credits: (1)
- DT 112 - Dental Therapy Lab II | Credits: (1)
- BIOL 170 - Human Biology | Credits: (5)
- ENGL 101 - English Composition I | Credits: (5)
- HMAST 100 - Math for Health Professions | Credits: (5)

**Total Credits: 17**

### Spring Quarter
- DT 113 - Dental Therapy Lab III | Credits: (4)
- DT 132 - Oral Health Education II | Credits: (2)
- DT 142 - Anatomy, Physiology, Head & Neck, and Pathology | Credits: (3)
- DT 144 - Cariology and Minimally Invasive Dentistry | Credits: (3)
- DT 156 - Hygiene and Periodontology | Credits: (3)

**Total Credits: 15**

### Summer Quarter
- DT 114 - Dental Therapy Lab IV | Credits: (7)
- DT 133 - Oral Health Education III | Credits: (2)
- DT 135 - Diagnosis and Treatment Planning | Credits: (3)
- DT 143 - Preclinical Operative | Credits: (5)

**Total Credits: 17**

## Second Year

### Fall Quarter
- DT 200 - Introduction to Clinical Care | Credits: (4)
- DT 210 - Dental Therapy Skill Consolidation | Credits: (3)
- DT 221 - Professional Dental Therapy Practice I | Credits: (3)
- DT 261 - Pharmacy and Medical/Dental Emergency | Credits: (4)
- DT 205 - Local Anesthesia | Credits: (2)

**Total Credits: 16**

### Winter Quarter
- DT 201 - Advanced Dental Therapy Concepts I | Credits: (2)
- DT 211 - Dental Therapy Clinic I | Credits: (4)
- DT 222 - Professional Dental Therapy Practice II | Credits: (2)
- DT 251 - Community Oral Health Programs I | Credits: (2)
- DT 285 - Advanced Diagnosis and Treatment Planning | Credits: (3)
- DT 240 - Oral Health Education IV | Credits: (2)

**Total Credits: 15**

### Spring Quarter
- DT 202 - Advanced Dental Therapy Concepts II | Credits: (2)
- DT 212 - Dental Therapy Clinic II | Credits: (6)
- DT 223 - Professional Dental Therapy Practice III | Credits: (2)
- DT 232 - Community Oral Health Programs II | Credits: (2)
- DT 241 - Community Rotations I | Credits: (4)

**Total Credits: 16**

### Summer Quarter
- DT 203 - Advanced Dental Therapy Concepts III | Credits: (2)
- DT 213 - Dental Therapy Clinic III | Credits: (6)
- DT 224 - Professional Dental Therapy Practice IV | Credits: (3)
- DT 242 - Community Rotations II | Credits: (4)
- DT 280 - Digital Health Communications | Credits: (2)

**Total Credits: 17**
Third Year

Fall Quarter

- DT 295 - Preceptorship Credits: 14

Total Credits: 14

Marissa Gardner, DHAT, LDT, Oregon, 2019
Process and Implementation of DHA/Ts in the Portland Area

1. Portland Area Standards and Procedures
2. Dental Academic Review Committee
3. Approval of curriculum
4. Identifying eligible community members/individuals
5. Curriculum development and implementation
   a. Train-the-trainers
DHA Timeline

2/2022
Curriculum
Begin curriculum development for NW DHAP

3/2022
Dental Careers Course for H.S.
Careers in Dentistry course developed for Tribal HSs

4/2022
DARC
Dental Academic Review Committee Established

Chief Leschi Careers in dentistry taught @ Chief Leschi Puyallup

8/2022
Nixyaawii Community School
PDHA Core Curriculum Pilot

9/2022
dəẉx̌ax̌ayəbus-Dental Therapy Program @ SKV

2/2023
DARC
PACCB accepted Ilisaγvik ADTEP Curriculum

4/2023
DARC in process of reviewing DHA curriculum; partnership development continues; curriculum development continues;
The Dental Health Aide Program

- A series of accessible oral health careers
- Working in Indian Health Service and Tribal Communities
- All types of DHAs are supervised by a dentist or DHAT
- Federally certified dental providers

Training accredited DH Program

Primary Dental Health Aide (PDHA)
- Prevention focused
- Oral health instructions
- Diet/nutrition support
- Fluoride treatments

Dental Health Aide Therapist/Practitioner (DHAT/P)
- Dental exams
- Removes decay
- Restores teeth
- Extractions

Training accredited or PACCB Board approved DT Program

Dental Health Aide Hygienist (DHAH)
- Below gumline prophylaxis
- Periodontal therapy
- Periodontal maintenance
- Local anesthetic

Primary Dental Health Aide II – PDHA II
- EFDHA I duties plus placement of complex restorations –
  - Class II amalgams
  - Class II and IV composite

Expanded Functions Dental Health Aide II – EFDHA II
- PDHA II duties plus placement of
  - Simple restorations –
  - Class I, II, V amalgam placement
  - Class I, III, V composite placement

Expanded Functions Dental Health Aide
- EFDHA I duties plus placement of

Training in tribal communities or central training site
Future Plans

- DHA Education - Future Plans
- Partnerships
  - Tribes
  - Education institutions
- Career pathways
  - Youth (high school)
  - Adult
- Indigenized curriculum
- Instructor development
- Degree attainment options

Careers in Dentistry course-HS student
DENTAL THERAPY: UNIFICATION FOR ORAL HEALTH INNOVATION

OCTOBER 5-7, 2023
RENAISSANCE WATERFORD
6300 WATERFORD BLVD, OKLAHOMA CITY, OK
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

BEHAVIORAL HEALTH AIDE (BHA) EDUCATION PROGRAM
The Behavioral Health Aide Program’s Advisory Workgroup awarded the Pacific Northwest Tribes artwork to Corey Begay (Dine’). Corey is a talented graphic designer and artist. He currently works with the Northwest Portland Area Indian Health Board’s Adolescent Behavioral Health Program as a multi-media artist where he curate’s graphics, campaigns, and logos for projects We R Native, THRIVE, and many others. Corey is well-respected and a well networked artist throughout Indian Country.

**Pacific Northwest Tribes**

The meaning/story behind the logo design I have created was to encompass representation from the Northwest tribes in Idaho, Oregon, and Washington. Let’s start from the bottom, I created roots as a visual to represent the high plains tribes for food, medicine, and many other things. The next layer up is water from the major rivers to the smaller rivers and water sources throughout the Northwest giving life to many things including salmon. The three salmon inside the water I wanted it to represent the three states as well. Third is the land, a resource for tools, travel, material, etc. and has provided Northwest tribes with everything needed to carry on life, culture, and wellness. The baskets are a small representation of that as they are viewed under the trees. Lastly is the eagle, the eagle blesses our paths, our travels, and our lifestyles to keep us going in a healthy direction. Within the illustration the eagle is overlooking all of the other elements and continues to bless the land.

~ Corey Begay
What is a Behavioral Health Aide?

A Behavioral Health Aide (BHA) is an advocate, health educator, teacher, community resource and counselor working in a Tribal community to provide culturally appropriate care and behavioral health support. BHAs are a homegrown collective supporting their communities through healing, counseling, and incorporating Traditional knowledge into practice.

WHO CAN BE A BHA?

- **NATURAL HELPERS & ADVOCATES**
  that crave to tie in cultural activities into their day to day work

- **COUNSELORS**
  good listeners, empaths, aunties/uncles, storytellers

- **COMMUNITY/TRIBAL MEMBERS**
  homegrown collective committed to serving a Tribal community

- **HOLISTIC CAREGIVERS/HEALERS**
  who would like to utilize Tribal traditional practices
**COMMUNITY PREVENTION ACTIVITIES**
- Sobriety pow wows
- Community potlucks
- Community smudge
- Recognition walks
  - MMIW
  - Suicide awareness
  - Domestic violence and/or sexual assault
- Community parades
- Culture classes such as:
  - Ribbon skirt making, moccasin making, beading, basket weaving, fish net making, totem carving, salmon/deer/elk/berry canning

**HEALTH EDUCATION**
- Parenting classes
- Anger management classes
- Prevention topics - violence, alcohol and drug, bullying
- Mental health promotion
- Self-care practices
- Managing stress - yoga, exercise, meditation, gardening
- Conscious Discipline, Native STAND, Wellbriety, Sons and Daughters of Tradition, 40 Days of Ceremony

**SCREENING & ASSESSMENT**
- Gathering information using appropriate screening tools and forms
  - Asking the right questions
  - Being personable
  - Nonjudgmental
  - Provide a comfortable environment
  - Make the client feel safe
- Assess and identify client needs
  - Determining if their needs fall under BHA scope
  - Make appropriate referral if needs are beyond BHA scope
  - Link to appropriate services

**CASE MANAGEMENT & REFERRALS**
- Address resource needs that need to be met
- Work with integrated care team which may include a primary care provider, certified mental health or chemical dependency counselor, peer support specialist or mentor, community health representative, etc.
- Service link and referral to meet unmet needs or expanded care.

**EARLY INTERVENTION, CRISIS INTERVENTION & POSTVENTION**
- Early Intervention:
  - Early intervention prevents the onset of delinquent behavior and supports the development of a youth’s assists and resilience
    - bullying prevention programs
    - mentoring programs
    - afterschool recreation program
- Crisis Intervention:
  - Time-limited using a specific psychotherapeutic approach to stabilize clients in crisis
- Postvention
ACADEMIC INSTITUTIONS

Heritage University

- Private university in Toppenish, Washington near Yakama Nation
- Behavioral Health Aide Certificate
- Semester-Based
- Mostly in-person classes with some online sessions
- 2 year program

Dr. Maxine Janis
Associate Professor/BHA Coordinator
janis_m@heritage.edu

Northwest Indian College

- Tribal College on Lummi Nation in Bellingham, Washington
- Associate in Technical Arts in Behavioral Health Aide
- Quarter/Term-based
- Mostly online courses
- 2 year program

Yakaiyastai Gorman-Etl
Behavioral Health Program Coordinator
yngorman@nwic.edu

www.nwic.edu

https://heritage.edu/
VISUAL REPRESENTATION OF YOUR 2 YEAR BHA EDUCATIONAL PATHWAY

BHA Route: 2023-2025

Those working for an outside entity need to have a signed contract with a local Tribe to complete work experience hours through their mental health or behavioral health department.

Working for an outside entity

Throughout your two years, you will need a total of 2,000 work experience hours and 200 practicum hours related to behavioral health.

2 Year Academic Work

Completion of coursework

Students will receive their Behavioral Health Aide Certificate.

Apply for Certification through PACC B

Applications will be made available to students for PACC B to review. This includes completion of BHA Competencies and Knowledge & Skills checklist with your Clinical Supervisor.

BHA Cohort ready for hire/advancement with Tribal health entity

Go on to receive SUDPT Certification

An additional SUDPT Certification is available to you for an additional semester through Heritage University and NWIC.

Working for Tribe or Tribal Clinic

In order to be eligible for certification through PACC B, student needs to be working for a Tribe or a Tribal Health Organization.

*Note: PACC B stands for Portland Area CHAP Certification Board
BHA stands for Behavioral Health Aide
SUDPT stands for Substance Use Disorder Professional Trainer
Student Benefits Overview

- NW Elders, Knowledge Holders, and Culture Keepers
- Elder/Mentor
- NPAIHB Involvement
- Stipend/Scholarship
- Apprenticeship Opportunities
- Travel to BHA Specific Events
- School Supplies

The above shows the benefits of being a part of the Behavioral Health Aide cohort that is affiliated with the Northwest Portland Area Indian Health Board.

For those interested in this relationship with the Board, students must take part in monthly check-ins with the BHA Student Support Coordinator; submit grades, class schedules, tuition ledgers, and other school related documents; and self-identify a mentor.

Technical assistance is provided to Tribes and Tribal Health Organizations who would like to know more about program benefits.

Funding is available on a first come, first serve basis and as funding time period allows.

WWW.TCHPP.ORG
• Community Health Aide Program expanded to include other IHS areas.

2018
• NPAIHB established a BHA Advisory Workgroup tasked with initiating the development of the BHA program for the lower 48.

2019
• HRSA, grant received to aid in the funding of the BHA development tasks
• First two BHA students begin academic journey.

2020
• BHA Student Support Coordinator hired.
• HU and NWIC begin accreditation process.

2021
• Yakama Nation cohort begins program at ANTHC

2022
• NW BHA Cohort 1 commences at NWIC and HU

2023
• NW BHA Cohort 2 begins at NWIC and HU
• PACCB approves to recommend the approval of Alaska’s curriculum
Anticipated Objectives

NPAIHB in partnership with our academic institutions, and the vision of our 43 tribes will strive towards the enhancement of our BHA programs.

• Development of BHA III and BHA P curriculum.
• Implementation of level III and practitioner program.
NORTHWEST COMMUNITY HEALTH AIDE/PRACTITIONER PROGRAM

INITIATED 2022
Community Health Aide Practitioners (CHA/P) are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve. In Oregon, Washington, and Idaho, they are community members of American Indian/Alaska Native communities who attend CHA/P educational programs approved by the Portland Area CHAP Certification Board and work within the tribal health and human systems. A CHA/P practices under the supervision of a licensed clinical provider, such as a physician or advanced practice provider (PA, NP). Basic education for a CHA/P includes didactic learning, skills practice, and clinical time providing patient care with the guidance of an advanced practice provider or physician.
CHA/P Timeline

2021
• Community Health Aide/Practitioner funding received through IHS CHAP TPI
• Staff onboarded

2022
• TCHP Advisory Workgroup established
• CHA/P sections of Standards and Procedures review
• Curriculum experts onboarded, curriculum development initiated
• NW CHA/P needs assessment
• Tribal Training pilot sites identified

2023
• Curriculum and eCHAMP development
• Seating of academic review committee
• Training Site preparation
• Finalize CHA/P sections of S&P

2024
• Training implementation, student completion of CHA I/II training
• Development of CHA/P degree track
• Training site quality assurance review
1. Outreach and education to NW Tribal leaders
2. Development of advisory workgroups
3. Funding – work is fully grant funded
4. Adapting Alaska CHA standards and procedures to the NW
5. Collaboration with higher education institution(s) and Tribal learning sites to offer CHA program
6. CHA curriculum development and program accreditation
7. CHA education staffing plan
8. CHA student recruitment and orientation
9. Integration of the CHA role into Tribal health systems and state programs for Medicaid reimbursement
10. Advanced Practice Provider supervision support and training and CHA continuing education
Levels of Community Health Aide Training

1) Community Health Representative (CHR)

2) Community Health Aide (CHA)

3) Community Health Practitioner (CHA/P)
Northwest Community Health Representative Training

Training Outline:
- BLS with skills
- 48 hours of core education
- 48 hours of advanced education
- 48 hours of skills/clinicals
Total: 144 hours total to earn a Certificate of Completion

Scope of Work:
- Take vital signs
- Transport patients to and from appointments
- Help patient’s fill out medical forms
- Work with case managers/care coordinators to get referrals for patients
- Home checks for Elders (medication box filling, fall precaution checks)
- Telephone check-ins on home detox patients to include gathering intake
- Community education on opiate addiction and training families on how to use Nasal Narcan
- Community education on alcohol addiction and services to help in the community
- Council patients on how to use metered-dose inhalers
- Council patients on how to use blood glucose monitors and track blood sugars
- Council teens on safe sex habits: how to use a condom, education on birth control options
- Provide disease prevention and health promotion education materials at community events and gatherings
Northwest Community Health Aide Training

Training Outline:
- 320 hours of didactic training
- 200 hours clinicals
- 80 patient encounters
Total: 520 hours total to earn a CHA Certificate

Scope of Work:
- See acute care patients
- Triage basic emergency patients
- See diabetic patients: diabetes chronic care visits to include foot care maintenance
- See hypertensive patients: chronic care visits to include BP checks
- See chronic care asthma patients: To include metered dose inhaler education
- STI screening and treatment
- Elder Screening
- Recheck visits
Northwest Community Health Practitioner Training

• Training Outline:
  – 320 hours of didactic training
  – 400 hours clinicals
  – 132 patient encounters
  Total: 720 hours total to earn a Community Health Practitioner Certificate

Scope of Work:
• See return prenatal patients
• See well child patients
• See Addiction Medicine patients
• Preventative health: Pap Smears, CBE
• Elder Care
• Emergent Care

1) Community Health Representative (CHR)
2) Community Health Aide (CHA)
3) Community Health Practitioner (CHA/P)
Unique Features of the CHA/P Role

- Trained on the medical model of History, Physical Exam, Assessment, Plan.
- Make assessments, not diagnoses.
- Use the Electronic Health Aide Manual (eHAM) for every patient visit.
- Dispense but do not prescribe medications.
- They can be expected to work after hours, weekends, holidays.
- They can be expected to see patients in clinics with:
  - Physicians
  - Advanced Practice Providers
  - Other CHAPs
  - Sole Providers
## Comparison to Medical Providers

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>Nurse Practitioners &amp; Physician Associates</th>
<th>Community Health Aide Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practices under their own license</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Visit length</td>
<td>15-30 minutes</td>
<td>15-30 minutes</td>
<td>1 hour</td>
</tr>
<tr>
<td>Training in Primary Care, Emergency Medicine, Women’s Health/Prenatal Care, Elder Care, Pediatrics.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Certification requires Continuing Medical Education</td>
<td>~ 100 hours every two years</td>
<td>~ 100 hours every two years</td>
<td>~ 40 hours every two years</td>
</tr>
<tr>
<td>Take call</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Work in clinic alone</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Services can be billed with Medicare and Medicaid</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Services can be billed with third party insurances</td>
<td>Yes</td>
<td>Yes</td>
<td>Some</td>
</tr>
<tr>
<td>Administers Vaccinations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Education</td>
<td>HS Diploma Bachelor’s Degree Medical Degree Varying residency Certification/Board Exam(s)</td>
<td>HS Diploma Bachelor’s Degree Master’s or Doctoral Degree Varying residency Certification/Board Exam(s)</td>
<td>HS Diploma 6-8 grade reading/math proficiency 3 training sessions Post Session pt visit # &amp; type req’t 2 Week Preceptorship/Cert Exam</td>
</tr>
<tr>
<td>Medication privileges</td>
<td>Prescribes</td>
<td>Prescribes</td>
<td>Dispenses</td>
</tr>
<tr>
<td>Diagnostic skills</td>
<td>Make Diagnoses</td>
<td>Make Diagnoses</td>
<td>Make Assessments</td>
</tr>
<tr>
<td>Performs sports physicals</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Interprets complex labs (CBC, CMP, HgA1c, etc.)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Interprets basic labs (UA, Pregnancy Test, Rapid Strep or Flu Test, etc.)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Performs pap smears</td>
<td>Yes</td>
<td>Yes</td>
<td>After additional training with supervising physician</td>
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</table>

*Note: Certification/Board Exam(s) and varying residency requirements may vary.*
# Comparison To Members of Healthcare Team

<table>
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<tr>
<th></th>
<th>Medical Assistant</th>
<th>Nurse</th>
<th>Community Health Aide Practitioner</th>
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<tbody>
<tr>
<td>Takes Vital Signs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pushes IV Meds</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Places Urinary Catheters</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Draws Blood</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NG Tubes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Patient Education</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Required Continuing Medical Education</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Administers Vaccinations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Interpret Simple Labs (UA, Pregnancy Test, Blood Sugar, etc)</td>
<td>Some</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Interpret Complex Labs (CBC, CMP, HgbA1c, etc)</td>
<td>No</td>
<td>Some</td>
<td>No</td>
</tr>
<tr>
<td>History Taking Skills</td>
<td>Basic</td>
<td>Nursing Model</td>
<td>Medical Model</td>
</tr>
<tr>
<td>Physical Exam Skills</td>
<td>Basic</td>
<td>Nursing Model</td>
<td>Medical Model</td>
</tr>
<tr>
<td>Diagnostic Skills</td>
<td>No</td>
<td>Nursing Model</td>
<td>Assessments</td>
</tr>
<tr>
<td>Education</td>
<td>HS Diploma One semester program</td>
<td>HS Diploma AD, BS, MS Board Certification</td>
<td>HS Diploma 6-8 grade reading/math proficiency; 4 training session 3-4 weeks each; 2 week preceptorship/cert exam</td>
</tr>
</tbody>
</table>
| CHAP Skill Sets | Skills not covered in Basic Training for CHAPs  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care visits</td>
<td>Complex suturing, such as buried stitches.</td>
</tr>
<tr>
<td>Basic Chronic Care visits</td>
<td>Urinary catheterization.</td>
</tr>
<tr>
<td>Well and Sick Child visits</td>
<td>Fundoscopy.</td>
</tr>
<tr>
<td>Elder Care clinic and home visits</td>
<td>Digital blocks, toenail removal, freezing warts.</td>
</tr>
<tr>
<td>Wound Care visits</td>
<td>Telemedicine.</td>
</tr>
<tr>
<td>Prenatal Care visits</td>
<td>Tympanometry.</td>
</tr>
<tr>
<td>STD clinics</td>
<td>Vaginal speculum exam.</td>
</tr>
<tr>
<td>Vaccination clinics</td>
<td>Pap smear.</td>
</tr>
<tr>
<td>Extending clinic hours</td>
<td></td>
</tr>
<tr>
<td>Providing on call services</td>
<td></td>
</tr>
<tr>
<td>Seeing after hours acute visits/phone consultation to reduce ER visits</td>
<td></td>
</tr>
</tbody>
</table>

Skills not covered in Basic Training for CHAPs, Cannot Be Added to Scope:
- Pushing IV meds.
- NG tubes.
- Interpreting ECGs.
- Intubation.
- Microscopy (e.g. wet mounts).
Clinic and Community Benefits from CHA/P’s

- Increase patient access to healthcare in Tribal communities
- Reduce workload on other healthcare providers that may focus time on more complex patient issues and quality improvement efforts
- New possibilities for clinic offerings with additional staffing
  - Additional services
  - Extended hours
- Increased likelihood of filling open healthcare provider positions in community
- Improved continuity of care in the community
- Recruit and train from within:
  - Creating jobs in communities will economically benefit the region
  - Career opportunities with advancement options keep talent in communities
- Community members are able to remain in their communities for the majority of their training
- Community benefits of being cared for by a fellow community member
FRAMEWORK FOR NW TRIBAL-BASED COMMUNITY HEALTH AIDE/ PRACTITIONER (CHA/P) TRAINING

Formal Processes
- Establish Memorandum of Understanding with Tribal site and NPAIHB
- Resolution from Tribal leadership
- Mutually agreed timeline for training
- THO initiates funding agreement discussion with IHS area office

CHA/P Curriculum
Curriculum components are outlined in the Portland Area Standards & Procedures
Curriculum development with subject matter experts, anticipated completion Aug 2023
Utilize NW CHA/P needs assessment to prioritize curriculum subjects

Logistics
- Training will be hybrid: web-based didactic and in-person skills
- Secure space and lab/skills equipment
- Secure web based equipment
- Identify THO point of contact
- Provide CHAP training to clinic staff

Student Recruitment
THO to recruit 2 students and 1 alternate
- Employed as entry level staff member within the tribal health organization
- Be a Tribal or community member
- Have a high school diploma or equivalent and minimum of 8th grade reading and math

Certification Framework
Member of THO participates on regulatory bodies – Academic Review Committee, etc.
Portland Area CHAP Certification Board reviews and approves training site
Portland Area CHAP Certification Board reviews and approves provider certification
Indian Health Care Improvement Act (IHCIA)

Circular 20-06

CHAP Nationalization

National Certification Board

Area Certification Board

National Standards & Procedures

Area Standards & Procedures

The cornerstone legal authority for the provision of health care to American Indians and Alaska Natives, was made permanent when President Obama signed the bill on March 23, 2010, as part of the Patient Protection and Affordable Care Act. https://www.ihs.gov/sites/ihcia/themes/responsive2017/display_objects/documents/home/USCode_Title25_Chapter%2018.pdf

To implement, outline, and define a National Community Health Aide Program (CHAP) policy for the contiguous 48 states. The policy encompasses community-based provider selection, culturally tailored care and curriculum, and competency-based education. The policy is also inclusive of health aides as part of a team of healthcare providers focused on providing effective, efficient, and patient-centered care, consistent with the structure of the Alaska CHAP. This policy implements the statutory requirements of the Indian Health Care Improvement Act (IHCIA) that apply to CHAPs operated by the Indian Health Service (IHS) and Indian Self-Determination and Education Assistance Act (ISDEAA) contractors outside of Alaska.


At a minimum, the Area Standards and Procedures must include the National CHAP Standards and Procedures and may have additional supplemental requirements above and beyond the national standards that are specific to the cultural considerations of the region, community specific needs, as well as the health care delivery system.

The ACBs are federal certification boards located in the contiguous 48 states and may be comprised of Federal and Tribal representatives. Their membership must include at least one federal representative appointed by the respective IHS Area Director. The ACB establishes board composition in its standards and develops the procedures of each respective board to certify individuals as their respective provider types.

Adopted in part from the Alaska CHAPCB Standards and Procedures to outline the minimum program standards for all CHAP provider types operating outside of Alaska. The National CHAP Standards and Procedures include, but are not limited to, the minimum training, training equivalency, supervision, and scope of practice requirements.

The NCB is a federal board chaired by the IHS Chief Medical Officer (CMO) or his or her delegate and may be comprised of Federal and Tribal representatives from each ACB. Functions of the NCB and board composition are addressed in the Standards and Procedures.

Goals of the Portland Area CHAP Certification Board

**CERTIFY HEALTH AIDE PROVIDERS**
Certification application review and recommendation of Tribal BHA/Ps, DHA/Ts, and CHA/Ps;

**CERTIFY HEALTH AIDE EDUCATION PROGRAMS**
Certification of all Tribal education and training programs created for BHA/Ps, DHA/Ts, and CHA/Ps;

**CERTIFY HEALTH AIDE CONTINUING EDUCATION UNITS**
Certification of all Tribal education and training programs created for BHA/Ps, DHA/Ts, and CHA/Ps;

**ADDRESS DISPARITIES AND STRUCTURAL RACISM**
Address health disparities within the Tribal Health System (THS) by review and recommendation of individual, education programs and continuing education.
Countless hours invested by many.
Here are some examples of NPAIHB’s efforts, activities, and policies in place:

- Community Health Aide Program Advisory Workgroup
- Behavioral Health Aide Advisory Workgroup
- Ḵ̱x̱aw̓ay̓əbus – Dental Therapy Education Program Committee
- Tribal Community Health Provider Advisory Workgroup
- Dental Health Aide Advisory Workgroup
Cycle of Program Development

- Training
- National Standards & Procedures
- Health Aide Manuals
- Curriculum
- Area Standards & Procedures
OUR COMMON GROUND

We can and should “grow our own” providers, create jobs in our communities, and establish and support an education system that breaks down barriers to training health professionals from tribal and other underrepresented communities.

CHAIRMAN CLADOOSBY, SWINOMISH TRIBE
• Addressing structural racism and Tribal sovereignty in all levels of the work
• Proven history of safe, quality care in Alaska for over 60 years
• Uniquely developed for NW Tribes using the Alaska model
• Tribes can tailor their programs to their needs
• Increases AI/AN local workforce and creates career paths
• Home grown, culturally knowledgeable and respected providers
• Competency based, skilled providers who increase access to care
• Extend the reach of services into hard to access areas
• Creates wrap around care and referral services for Tribes
Save the Date!

COMMUNITY HEALTH AIDE PROGRAM (CHAP) SYMPOSIUM
NORTHERN QUEST RESORT AND CASINO
SPokane, WA
JUNE 13-15, 2023
For Ongoing, Updated Information

VISIT OUR WEBSITE

www.TCHPP.org
QUESTIONS?

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