

Health Aide Training Programs

Alaska Native Tribal Health Consortium

The opportunity to see a medical professional when needed is something that many people living in the United States take for granted. For those living in rural Alaska however, visiting a medical professional is rarely easy. Communities are isolated, medical needs are significant, and patients' cultural and linguistic backgrounds can affect diagnoses and treatments. The Alaska Native Tribal Health Consortium has taken on these challenges by educating village residents to serve as the primary medical providers within the state's tribal health care system.

A NEED FOR BETTER MEDICAL CARE

In the 1950s, a report commissioned by the US Department of the Interior found that Alaska Native people had one of the highest rates of tuberculosis infection in the world, as well as high levels of infant mortality and accidental deaths. Currently, Alaska Natives have some of the highest per capita rates of oral disease, tobacco use, cancer, substance abuse, sexually transmitted diseases, and suicide in the country. In recent decades, chronic disease management and mental health also have become prominent public health concerns.

Despite these significant needs, cost and distance limit access to routine health care. Rural Alaska has a high percentage of individuals living in poverty. Alaskan villages are typically small in population and spread out geographically. Over 70% of the state's villages can only be reached by small plane or boat. Medical professionals visit isolated communities a few times a year. As a result, patients are often flown out of the villages to the nearest regional center to consult with a doctor. Such travel is disruptive and costly for the patient and the patient's family.

Further complicating health care delivery, the Indigenous people from each region of Alaska have distinct languages and traditions. Cultural misunderstandings can make it difficult for providers trained in Western medicine to properly treat Native patients—providers well versed in one set of Native traditions may not have the cultural awareness to properly engage with patients from other Native traditions. These challenges can further discourage families from accessing medical care or cause them to struggle to understand medical treatments.

The Alaska Native Tribal Health Consortium recognized that the well-being and sustainability of their communities was compromised due to a lack of access to health care. Over the past few decades, tribal health organizations and Alaska Native villages have worked together to develop innovative education programs that address the unique needs of their people.

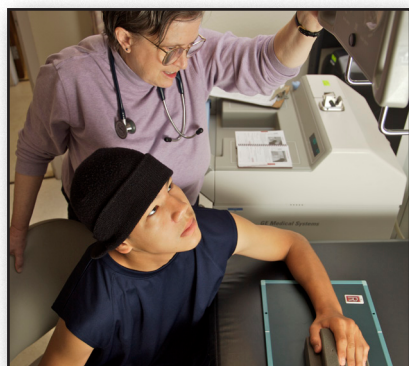
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RURAL HEALTH CARE PROVIDERS

In the 1960s, as part of a public health effort to reduce the spread of tuberculosis, the federal government launched a program that trained non-professional aides to deliver a specific set of health care services in the state's Alaska Native villages. The first class of Community Health Aides graduated in 1968. Over time, as Alaska Native people gained control of health care delivery for their citizens, tribal health organizations and village governments have expanded the range of medical services in remote areas. Today, health aide education is a central feature of the statewide, tribally managed health care system for Alaska Native people.

Community Health Aides are the sole full-time health practitioners in many rural communities. Tribal villages or regional tribal health organizations select and employ local residents as health aides. Trainees attend

sessions consisting of several weeks of standardized instruction at one of four regional centers operated by the Alaska Native Tribal Health Consortium, the Yukon-Kuskokwim Health Corporation, the Tanana Chiefs Conference, and the Norton Sound Health Corporation. Between their classroom sessions, health aides work in village clinics acquiring specific skills. The education provides students with the knowledge and experience necessary to provide a variety of health services in their home villages, from well-child visits and vaccinations to emergency first aid after an accident. Community Health Aides earn certification at several levels of proficiency depending on the extent of their education. They are further guided in their practices through the use of an electronic Community Health Aide/Practitioner manual that provides consistent treatment





guidelines for each type of patient encounter and through consultations with referral physicians in the regional centers.

Beginning in the mid-2000s, Alaskan Native leaders worked to expand health aide education to address more medical needs. In 2004, the Alaska Native Tribal Health Consortium introduced a program designed to address the lack of oral care in the villages. Dental Health Aide Therapists complete an Associate of Dental Health Therapy over a two-year time period, learning how to perform routine dental procedures, maintain and repair dental equipment, and identify serious dental issues. In 2009, the Alaska Native Tribal Health Consortium and other tribal health organizations launched a certified Behavioral Health Aide educational program to provide counseling services in rural communities. Students are educated in prevention and intervention methods for a range of behavioral health issues, including sexual assault, domestic violence, depression, and addiction.

It is difficult to imagine life in rural Alaska without the Health Aide Training Programs. The original village health care aide program met and surpassed its goal of reducing tuberculosis infection rates, and has been instrumental in decreasing infant mortality rates and increasing vaccination rates in the rural areas. Today, a workforce of over 500 Community Health Aides provides health care to 170 villages, serves more than 158,000 Alaska Native people, and logs over 300,000 patient encounters yearly. Seventy-five remote villages now utilize dental health aides, giving more than 40,000 Alaska Native people access to regular dental care, greatly reducing the need for emergency dental services. In its first decade, the Behavioral Health Aide program graduated more than 100 individuals who currently serve as counselors and health educators within the Alaska health care system. Together, the three disciplines of community health aides play a key role in every health initiative throughout the state.

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HIGH-QUALITY VILLAGE HEALTH CARE

The Alaska Health Aide Training Programs represent a large-scale investment in the human capital of remote and isolated villages—an investment that also brings financial capital to rural Alaska. Community Health Aide positions offer long-term and well-paid work in areas where unemployment is high and jobs are often seasonal. High school completion is the only academic prerequisite, which makes the Training Programs accessible to a larger number of community residents. Crucially, once health aides are certified, they can bill third party insurance like Medicaid and/or Medicare for the services they provide. This means that health care dollars spent by the state and federal governments can now flow directly to the community rather than to outside providers. One recent analysis found that the Dental Health Aide program brings more than \$9 million of yearly spending into rural Alaskan communities. Each health aide education program offers several levels of certification and ongoing education, so individuals can progress in their careers. Health aides can also use their training as a stepping off point to a career in other medical professions, such as nursing or dentistry.

The availability of health aides addresses the difficult problem of delivering quality health care to underserved populations in rural areas. Health aide education prepares local community members to offer a wide range of services that otherwise would be unavailable. For example, Community Health Aides deliver services that in an urban center would be carried out by several distinct medical providers, including public health officials, EMTs, nurses, primary care physicians, and administrators. Dental Health Aide Therapists carry out some types of restorative dental procedures normally only provided by dentists. In the absence

of professional therapists, Behavioral Health Aides are the only trained counselors available in the villages for substance abuse and mental health issues. This broad model of care is particularly successful in the villages since health aides develop an ongoing relationship with their patients, unlike outside specialists who see patients for limited time periods and for specific medical issues. As one dental health aide points out, “I can remind people about their checkups at the grocery store.” Since they live locally, health aides continuously identify trends and emerging challenges in the villages. This feedback is then used to revise the Community Health Aide manual and state-wide training courses to better reflect the skills required to make aides effective. Health aides are supported in their work by



close collaborations with physicians in the regional centers, who give advice via video when cases are complicated.

While health aides are educated to state-wide standards, the Programs' high degree of local autonomy means that their care is well adapted to the state's culturally diverse communities. The specific role of a health aide in each village varies according to patient needs, the aide's skills, other resources available in the community, and local customs. Health aides are chosen and hired by a tribal government or tribal health organization before they begin their training, so students are always trained for a designated job in a specific community. This reduces the undesirable employee turnover that occurs when new graduates spend only

a short time in a community before leaving for better opportunities elsewhere. Health aides communicate in ways that patients understand and use culturally appropriate approaches, often integrating care plans with traditional healing methods. As an example, some Behavioral Health Aides have prescribed berry picking and beach combing as mindfulness therapy. When patients must travel outside the community for treatment or when specialist providers visit the village, health aides provide guidance on what to expect from the Western medical system. Health aides also contribute to the success of medical interventions by ensuring that treatment follow-up occurs within the village in ways that are compatible with the community's lifestyle.

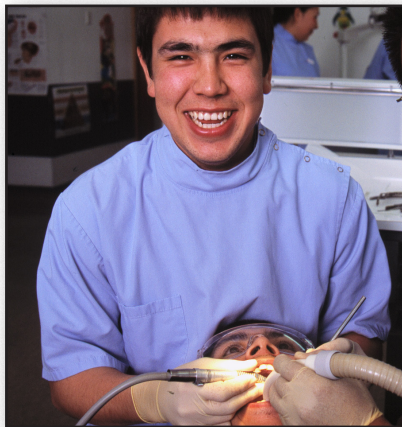


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LESSONS

Alaska's Health Aide Training Programs recently celebrated 50 years of indispensable service to the state's rural communities. The Alaska Native Tribal Health Consortium has an ambitious goal to ensure that "Alaska Native people are the healthiest people in the world." With their skill-based education, patient relationships, and local knowledge, health aides provide the care that helps keep Alaska Native people healthy in their home villages.



Health aide training programs are a direct investment in local human capital—which when put to work, can increase the financial capital available in local communities.



Health aides play a crucial role as health care providers, ambassadors, and translators because they understand western medicine, traditional practices, and community needs.



Telemedicine is an invaluable component of all three health aide training programs and doctor-aide-patient collaborations, because it reduces costs and increases access to education and medical care.