



Innovations in Recruitment & Pathways

Emergency Medicine for Rural and Indigenous Communities Conference
September 28, 2023

Carrie Sampson Samuels, NPAIHB Community Health Aide Program Project Director

Sasha Jones, NPAIHB Community Health Aide Program Manager



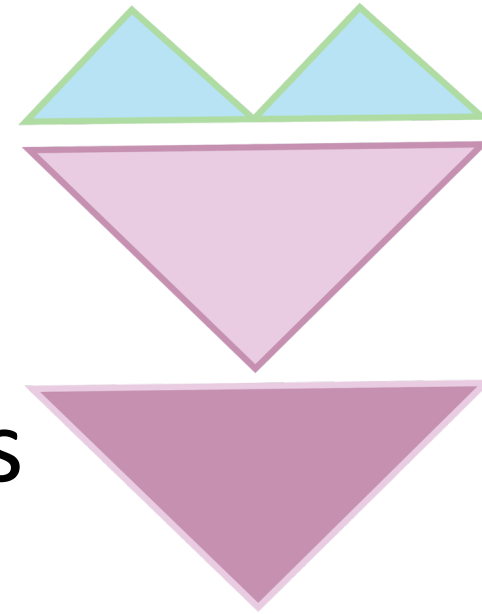
Presenter

Carrie Sampson Samuels

About Presenter:

Carrie Sampson-Samuels is an enrolled member of the Confederated Tribes of the Umatilla Indian Reservation located in Eastern Oregon. Carrie has an early background in nursing providing patient care in long term and clinical care settings. Carrie then furthered her education in community health and health studies at Portland State University, later advancing her education in healthcare management at Oregon Health and Sciences University while serving in leadership and executive management for a Tribal health organization as the Community Health Director. Carrie has served Tribes from Oregon to Montana and the Treaty 7 Nations in Southern Alberta.

As the Community Health Aide Project Director for the Northwest Portland Area Indian Health Board, Carrie has provided leadership, advocacy and project management for expansion of the Community Health Aide/Practitioner role for NW Tribes.





Presenter

Sasha Jones

About Presenter:

Sasha is a citizen of the Shoshone Paiute Tribes of the Duck Valley Indian Reservation. Sasha has a bachelor's degree in Social Work from the University of Nevada Reno and is currently working to obtain her Master's in Public Health from the University of Nevada Reno. Sasha has many years serving tribal health organizations. Sasha is passionate about being of service to indigenous communities.

Sasha has three children and husband of 19 years. In her spare time, she enjoys long walks, being outside, gardening and foraging traditional foods and medicines, and practicing traditional crafts, and attending ceremonies.

Alaska CHAP Origins

1950's Originated in response to the TB Epidemic

1960's Indian Health Service (IHS) established the Community Health Aide Program (CHAP) in Alaska.

1970's Congress amends the Indian Health Care Improvement Act (IHCIA) to authorize the CHAP expansion (PL 94-437)

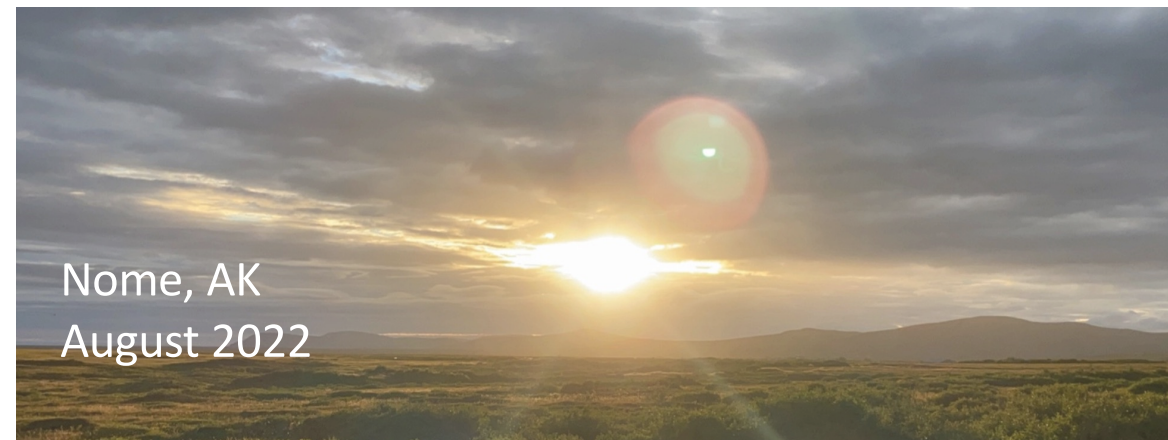
1990's Alaska CHAP Program Certification Board formalized.

<https://akchap.org/>



2000's Dental Health Aide and Behavioral Health Aide Programs created and certified

2020 Nationalization of the CHAP Program



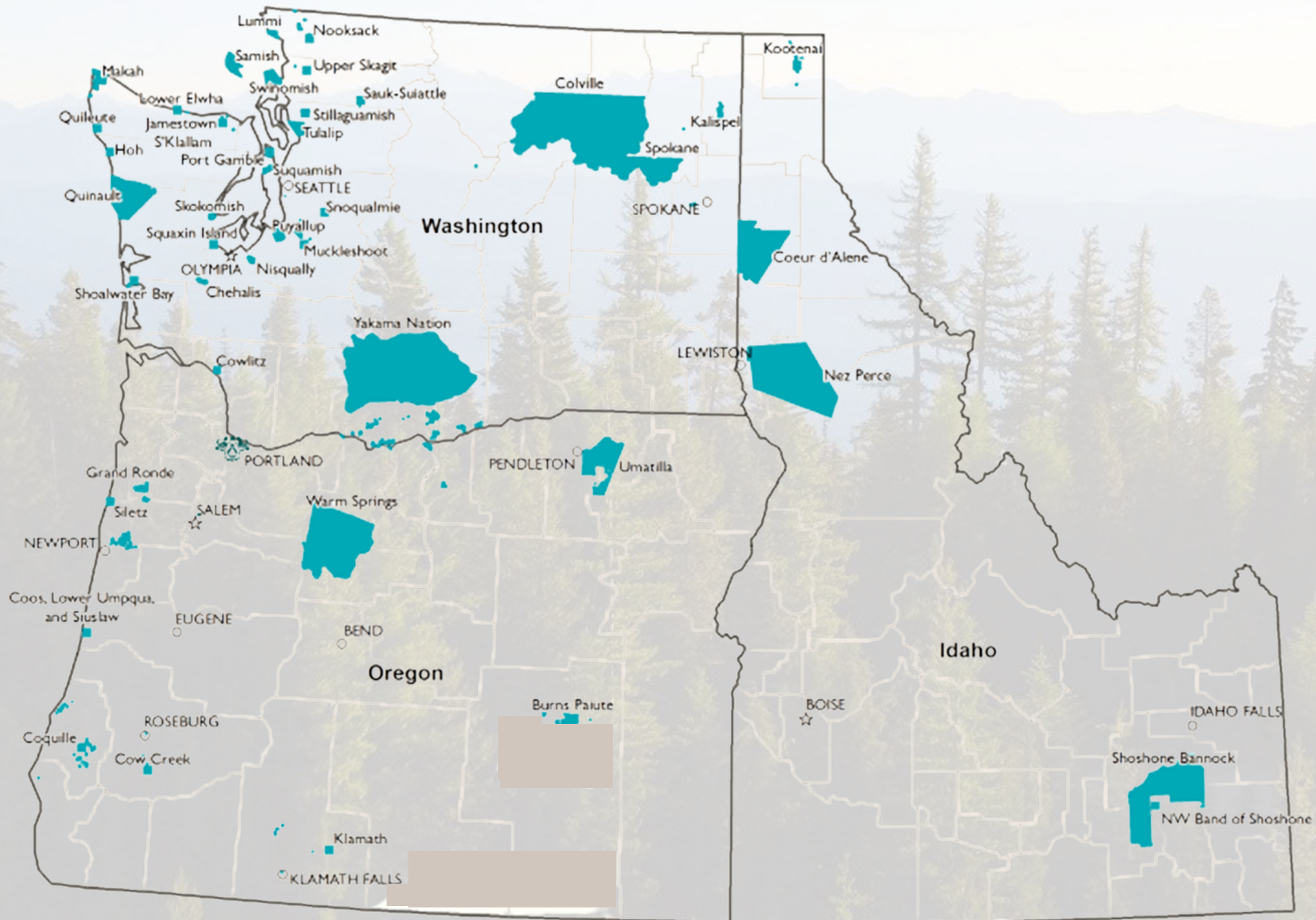
Nome, AK
August 2022

Northwest Portland Area Indian Health Board

- ▶▶ Established in 1972
- ▶▶ Non-profit tribal advisory organization serving the 43 federally recognized tribes of Oregon (9), Washington (29), and Idaho (5).
- ▶▶ 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.

<https://www.npaihb.org/>





Tribal Community Health Provider Program (TCHPP)

ESTABLISHED 2015



COMMUNITY HEALTH REPRESENTATIVE PROGRAM
Powered by NPAIHB



Dental Health Aide/Therapist (DHA/T)



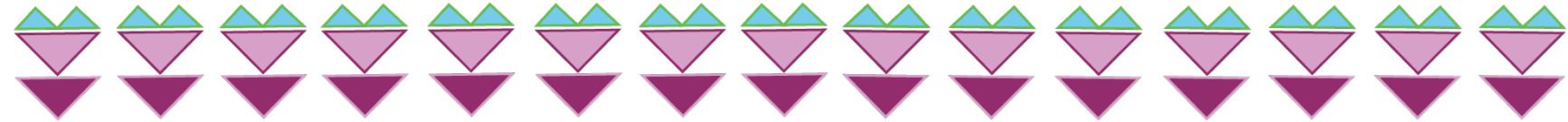
Behavioral Health Aide/Practitioner (BHA/P)



Community Health Aide/Practitioner (CHA/P)



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/Practitioner (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

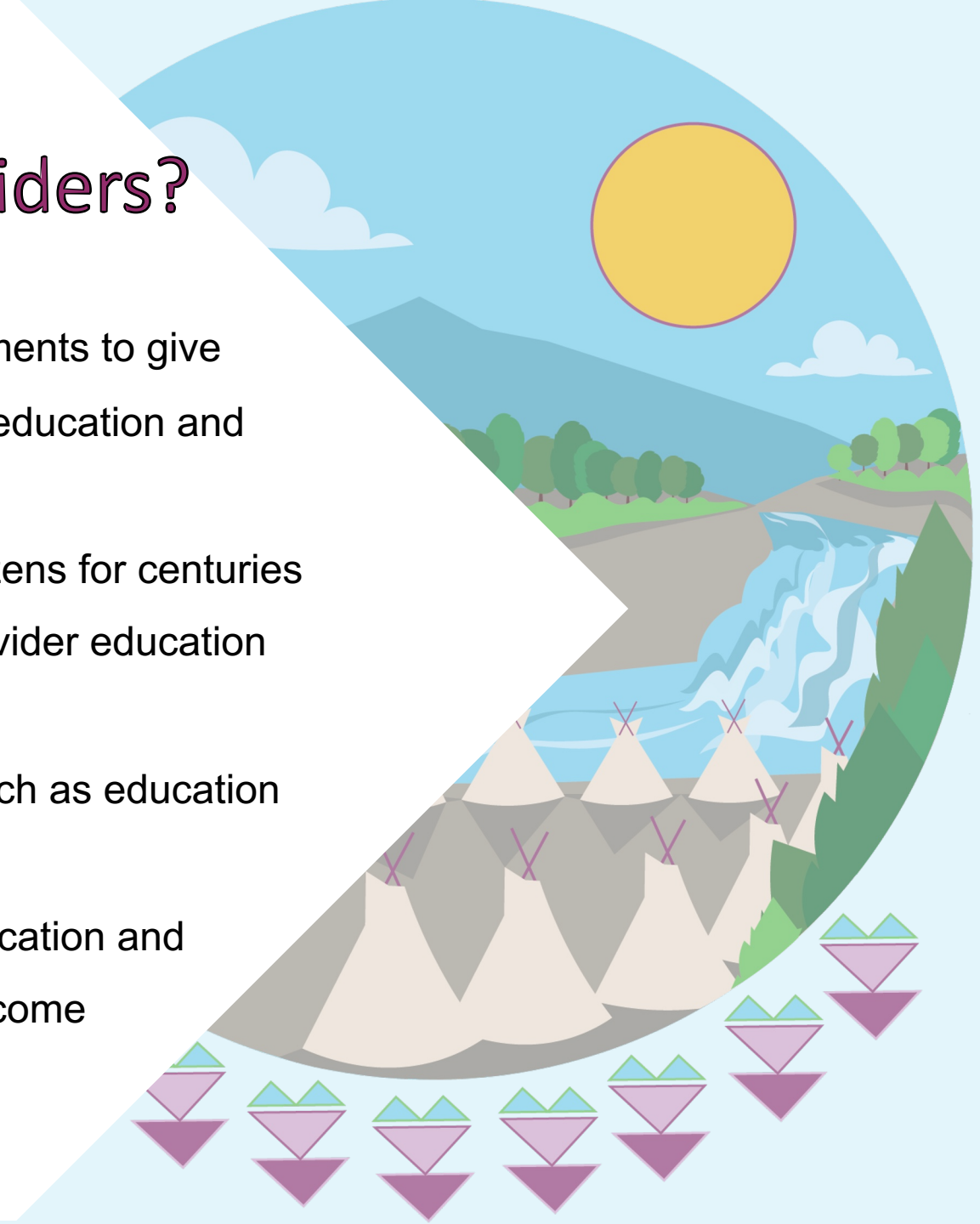
Aide/Practitioner (CHA/P)

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 do we need Health Aide Providers?

- ▶▶ 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

Dentists in the US by Race

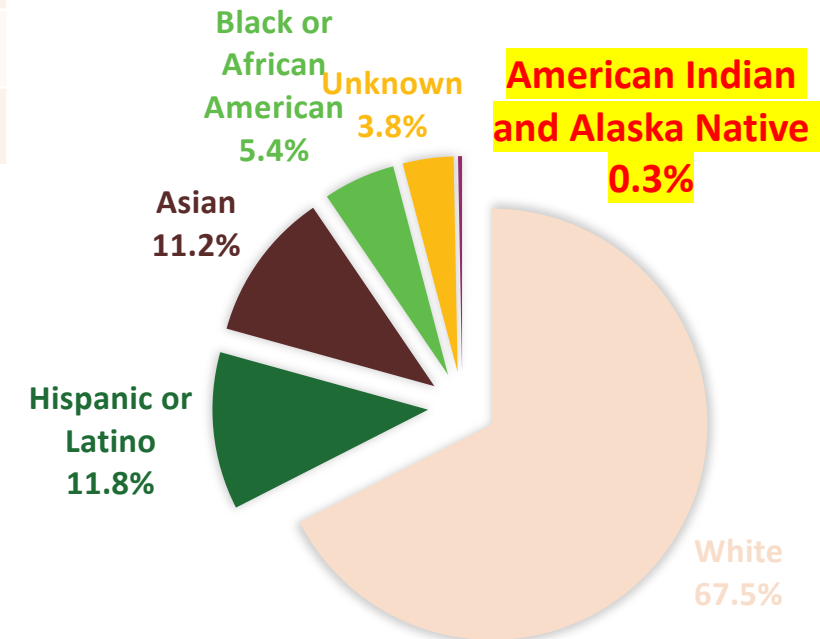
Native American	0.1%
Asian/Pacific Islander	7%
Black/African American	3.5%
Hispanic/Latino	3.5%
White/Caucasian	86%

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

Therapists in the US by Race	Percentages
White	76.4%
Asian	10.6%
Hispanic or Latino	6.3%
Black or African American	4.1%
Unknown	2.2%
American Indian and Alaska Native	0.4%

Source: <https://www.crossrivertherapy.com/therapist-statistics>

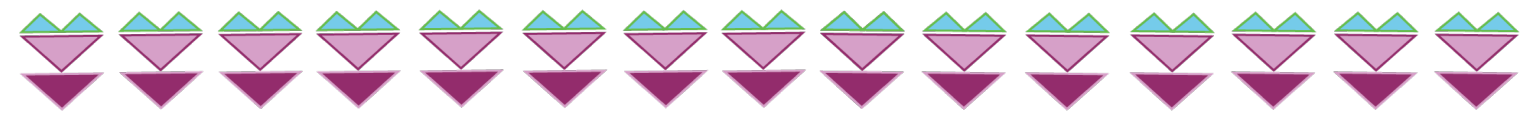
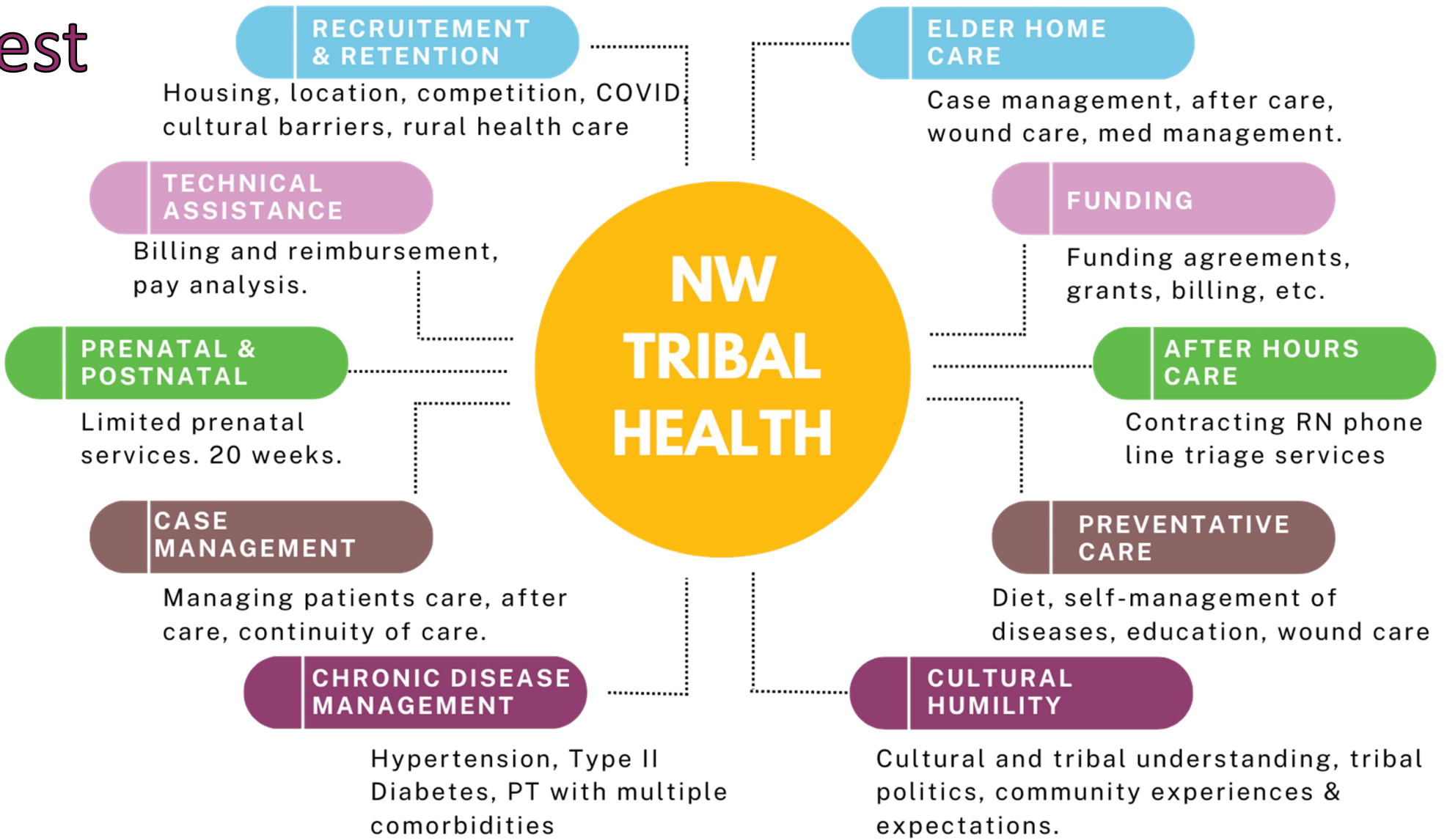
Out of the estimated 5.2 million American Indians and Alaska Natives (AI/ANs) in the U.S., about 3,400 are physicians, just 0.4% of the physician workforce, according to a 2018 AMA Council on Medical Education report, "Study of Declining Native American Medical Student Enrollment."



PHYSICIANS ASSOCIATES BY RACE

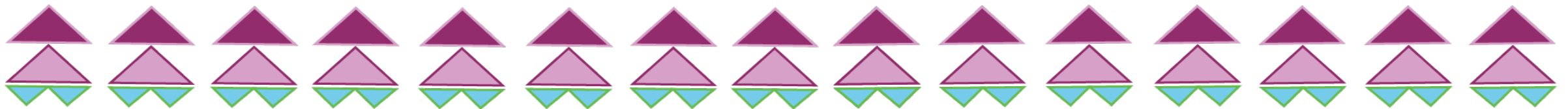
Source: <https://www.zippia.com/physician-assistant-jobs/demographics/>

Northwest Tribal Health System Needs



Grassroots
Dependable
Indigenous
Wellness
Flexible
Empowered
Community
Extension of Healthcare
Nurturing
Tribal
Tribal
Indigenous
Nurturing
Warm
Compassion
Dependable
Compassion
Empowered
Grassroots
Health
Homegrown
Outgoing
Tribal
Cultural
Grassroots
Flexible
Helper
Outgoing
Compassion
Warm
Caring
Homegrown
Tribal
Cultural
Critical
Grassroots
Compassion
Flexible
Community
Sharing
Indigenous
Caring
Indigenous
Critical
Compassion
Health
Health
Caring
Helper
Health
Supportive
Community
Dependable
Cultural
Grassroots
Extension of Healthcare
Warm
Community
Supportive
Educated
Critical
Empowered
Educated
Dependable
Flexible
Empowered
Tribal
Outgoing
Tribal
Educated
Warm
Supportive
Helper
Nurturing
Competent
Homegrown
Wellness
Homegrown
Wellness
Competent
Homegrown

Helper





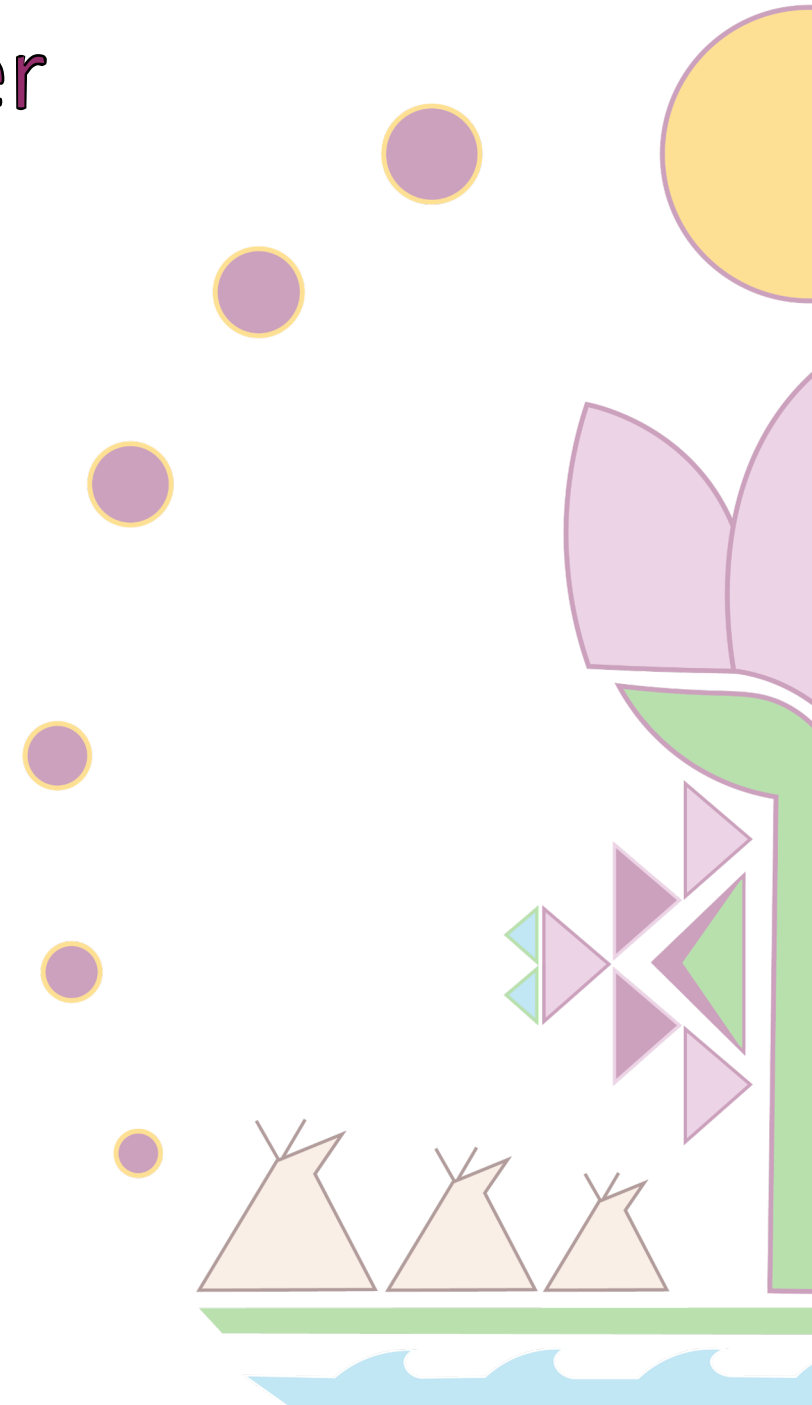
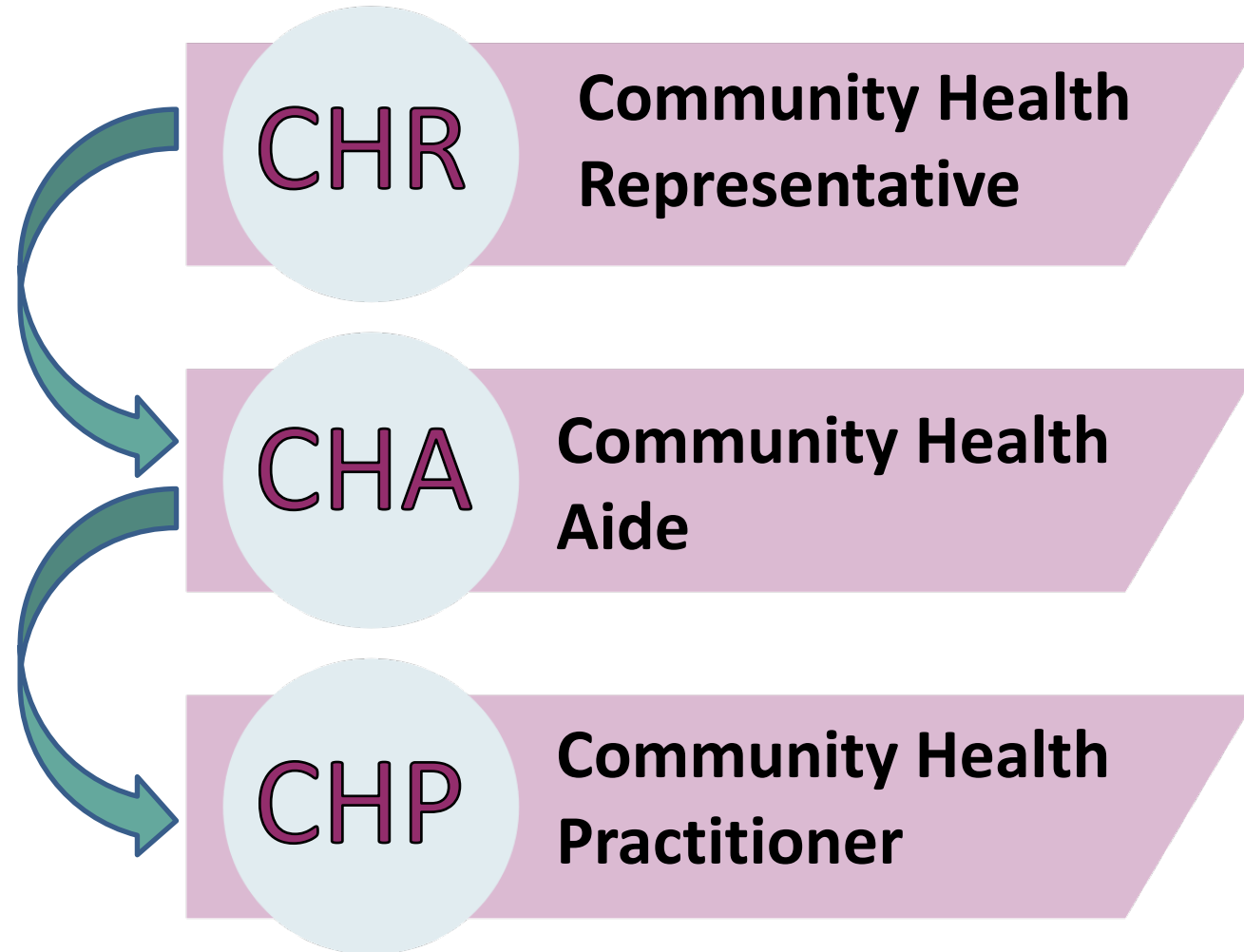
Community Health Aide/Practitioner

Community Health Aide Practitioners (CHA/P) are certified primary care clinicians who have close cultural ties and connections to the communities they serve. In Oregon, Washington, and Idaho they are community members of AI/AN 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 CHA/P includes didactic learning, skills practice and training, and clinical time providing patient care with the guidance of an advanced practice provider or physician.*

Community Health Aide/Practitioner

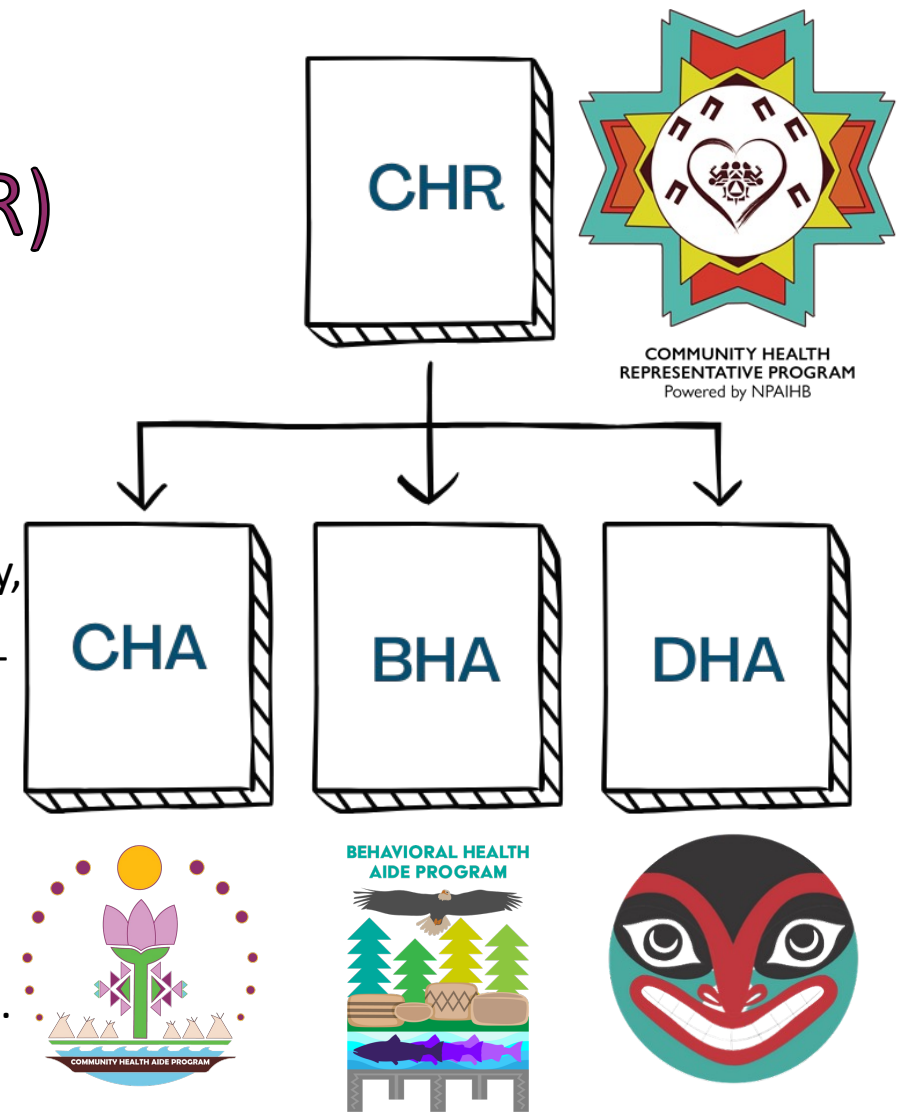
Levels of CHA/P



Core Curriculum

Community Health Representative (CHR)

- ▶▶ CHRs are considered the original CHW workforce program.
- ▶▶ CHR Program is a unique concept for providing health care, health promotion, and disease prevention services.
- ▶▶ CHRs have demonstrated how they assist and connect with the community, and their work has become essential to the spectrum of Tribal community-oriented primary health care services.
- ▶▶ CHRs are great advocates, in part, because they come from the communities they serve and have tribal cultural competence.
- ▶▶ Their dedicated work has assisted many in meeting their healthcare needs. By providing health education and reducing hospital readmissions, CHRs have contributed to lowering mortality rates. The demand for CHRs continues to grow.
- ▶▶ CHRs are considered the original CHW workforce program.



Northwest Community Health Representative Training

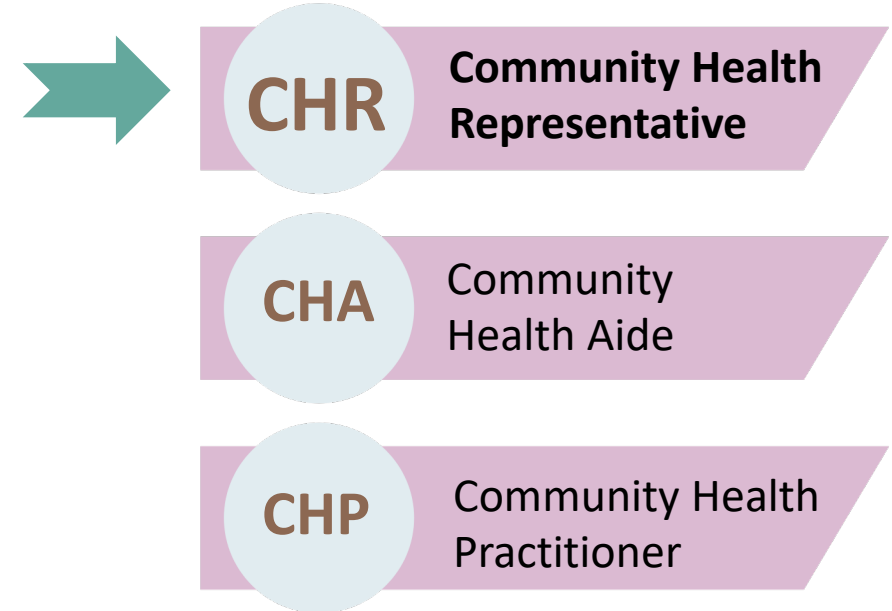
Training Outline

- BLS with skills
- 48 hours of core education
- 48 hours of advanced education
- 48 hours of skills/clinical

Total: 144 hours total to earn a Certificate of Completion

Scope of Work:

- Take vital signs
- Transport patients to and from appointments
- Help patients fill out medical forms
- Link to case managers/care coordinators to get referrals for patients & and aftercare
- 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, training on Nasal Narcan
- Community education on alcohol addiction & 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 & gatherings



Northwest Community Health Aide Training

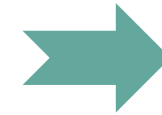
Training Outline

- 320 hours of didactic training
- 200 hours of clinical
- 80 patient encounters

Total: 520 hours total to earn a CHA Completion

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 blood pressure checks
- See chronic care asthma patients: to include meter dosed inhaler education
- STI screening and treatment
- Elder screening
- Recheck visits



CHR

Community Health Representative

CHA

Community Health Aide

CHP

Community Health Practitioner



Northwest Community Health Practitioner Training

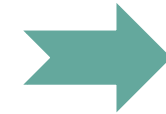
Training Outline

- 320 hours of didactic training
- 400 hours clinicals
- 132 patient encounters

Total: 720 hours total to earn a Community Health Practitioner Certification

Scope of Work:

- See return prenatal patients
- See well-child patients
- See addiction medicine patients
- Preventative Health: pap smears, CBE
- Elder care
- Emergent care



CHR

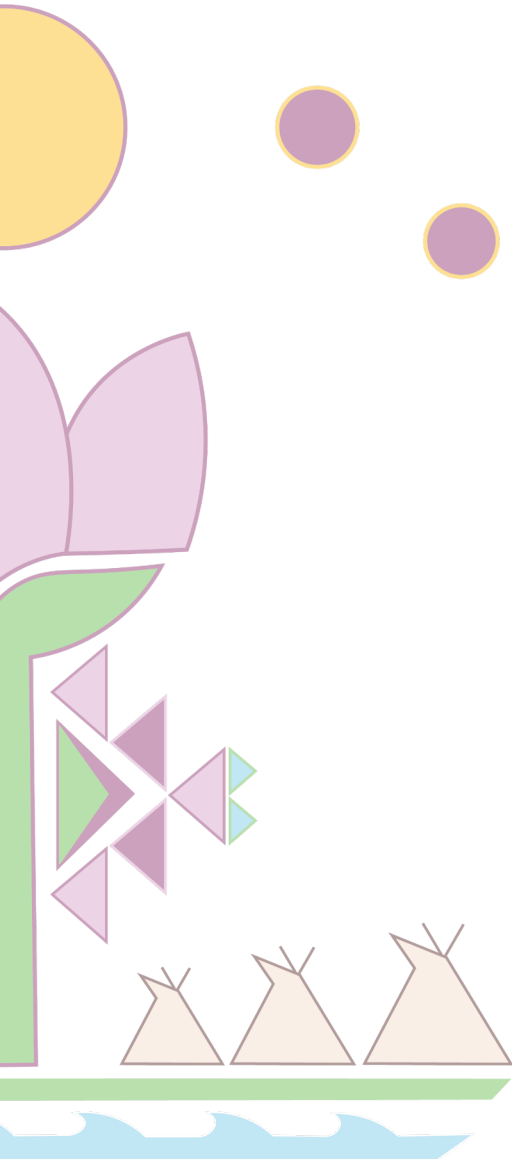
Community Health Representative

CHA

Community Health Aide

CHP

Community Health Practitioner





Community Health Aide/Practitioner Role

Trained to see patients independently, under the supervision of a physician, PA, or NP

Trained on the medical model of History Exam Assessment Plan (HEAP)

Make assessments not diagnoses

Use the Community Health Aide/Practitioner Manual for Practice (CHAMP) for every patient encounter

Dispense but do not prescribe medication

Eligible for standing orders

How to become a CHA/P?

2 years of training

- Pre-session
- 5 Quarters
- Mix of didactic and clinical skills training, and preceptorship

Clinical training performed at 4 pilot sites

- 2 in Idaho
- 1 in Washington
- 1 in Oregon

Certification Exam

Credential Maintenance

- Regular CME completion
- Renew emergency training regularly
- Retake CHA/P credentialing exam and preceptorship at regular intervals

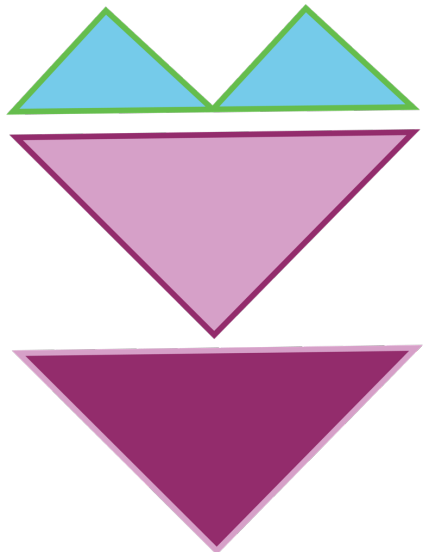


eHAM Development

- ✦ eHAM – Electronic Health Aide Manual
 - ✦ A platform to host content for all CHAP disciplines; Community Health, Behavioral Health, and Dental Health Aides
 - ✦ eCHAMP – Electronic Community Health Aide Practitioner Manual for Practice
 - ✦ A sub-component of the eHAM that contains all CHA/P practice content
-
- ✦ A key resource CHA/Ps use in real time to guide patient encounters
 - ✦ Also used as an electronic textbook during CHA/P training. The curriculum is ultimately guided by the content of the eCHAMP
 - ✦ NPAIHB is in the process of writing a CHAM (named the eHAM) to be used by CHA/Ps in the Northwest
 - ✦ The eCHAM will be exclusively electronic

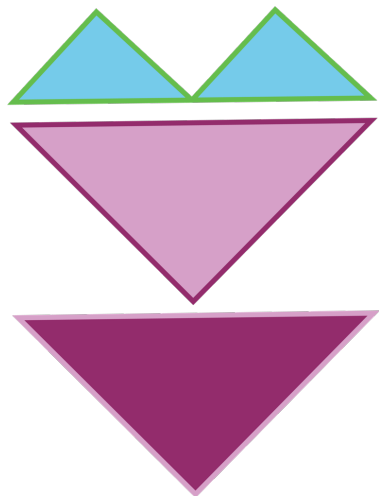
Comparison to Medical Providers

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



Comparison To Members of Healthcare Team

	<u>Medical Assistant</u>	<u>Nurse</u>	<u>Community Health Aide Practitioner</u>
Takes Vital Signs	Yes	Yes	Yes
Pushes IV Meds	No	Yes	No
Places Urinary Catheters	No	Yes	No
Draws Blood	Yes	Yes	Yes
NG Tubes	No	Yes	No
Patient Education	Yes	Yes	Yes
Required Continuing Medical Education	No	Yes	Yes
Administers Vaccinations	Yes	Yes	Yes
Interpret Simple Labs (UA, Pregnancy Test, Blood Sugar, etc)	Some	Yes	Yes
Interpret Complex Labs (CBC, CMP, HgbA1c, etc)	No	Some	No
History Taking Skills	Basic	Nursing Model	Medical Model
Physical Exam Skills	Basic	Nursing Model	Medical Model
Diagnostic Skills	No	Nursing Model	Assessments
Education	HS Diploma One semester program	HS Diploma AD, BS, MS Board Certification	HS Diploma 6-8 grade reading/math proficiency 4 training session 3-4 weeks each Post Session pt visit # & type req't 2 week preceptorship/cert exam



Role of Consulting Providers

Provide clinical supervision during patient care

Each CHA/P works under the medical supervision of a licensed physician

- Provider may be a physician, NP or PA

Provide clinical training and assistance to CHA/Ps

Provides regular chart review

Observe patient visits with the CHA/Ps

Be prepared to provide consultation to CHA/Ps regarding skills and standing orders

Be familiar with the tribal health organization operations

Should be familiar with the program, training and documents used

Follow the guidelines in the CHAMP when they train CHA/Ps or take reports from them

Support the CHA/Ps medical assessments based on the CHAMP and regional guidelines

Talk with CHA/Ps regularly

Potential Methods of CHA/P Integration

- ▶▶ Acute care visits
- ▶▶ Triage/case management
- ▶▶ Basic chronic care visits
- ▶▶ Well and sick child visits
- ▶▶ Wound care visits
- ▶▶ Prenatal care visits
- ▶▶ STI clinics
- ▶▶ Vaccination Clinics
- ▶▶ Extending clinic hours
- ▶▶ Providing on-call services
- ▶▶ Seeing after-hours acute visits/phone consultations to reduce ER visits

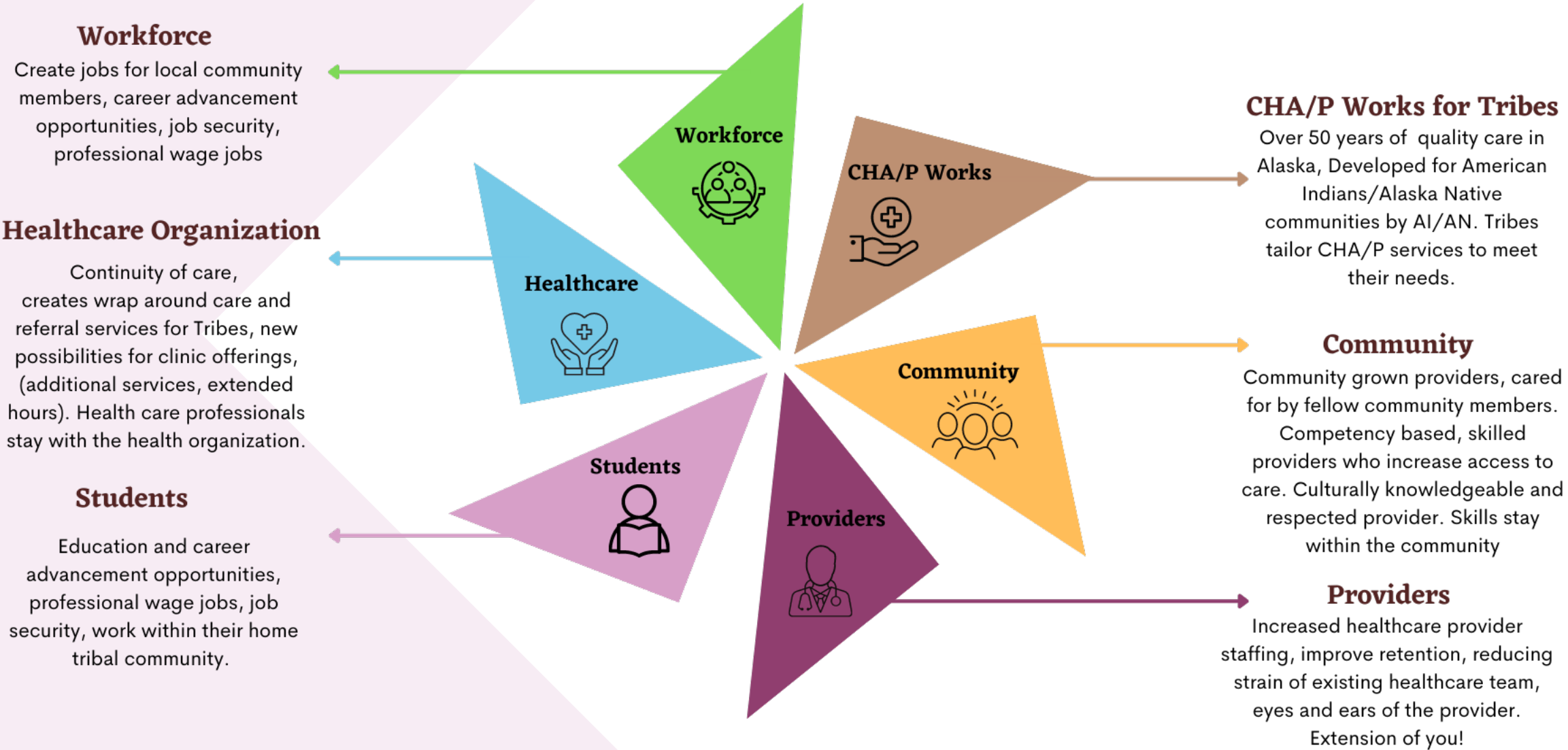


Role of Tribal Health Organization

- ▶▶ Determine how CHA/Ps will be employed within clinics/facilities
- ▶▶ Create positions and hire CHA/P's
- ▶▶ Provide Physician and/or Advance Practice Provider (APP) for supervision, education and to take CHA/P patient report
- ▶▶ Arrange for day-to-day supervision, direction and support for the CHA/Ps in a number of different ways
- ▶▶ Provide compensation and benefits to CHA/P's
- ▶▶ Allow support staff to participate in various CHA/P Program Boards and Committees



Benefits of a Community Health Aide/Practitioner





Community Health Aide Training Site Visits

LUMMI



LUMMI



COEUR D'ALENE



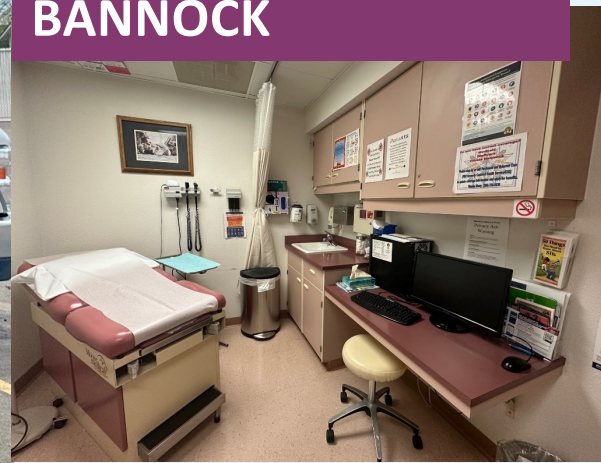
COEUR D'ALENE



SHOSHONE
BANNOCK



SHOSHONE
BANNOCK



UMATILLA



Yellowhawk Tribal Health Center

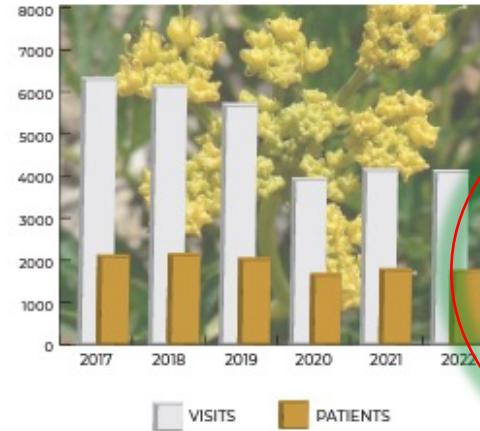
Serving the Confederated Tribes of the Umatilla Indian Reservation

CHA Highlight



Medical

MEDICAL DEPARTMENT VISITS & PATIENTS PER YEAR



Smarter CRC

We continue to collaborate with the SMARTER CRC program to deliver outreach for colorectal cancer screenings. Nursing staff have an integral responsibility in case management. Identifying cancer at an earlier stage provides important information to better treat our patients and prevent secondary cancers.

CHA/P Training

Staff were able to visit Community Health Assistant/Practitioner (CHA/P) training centers in Nome, Bethel and Anchorage, Alaska, which helped us understand the training process and the scope of practice. CHA/P planning and implementation is a program well established in Alaska to meet the health care needs of Alaskan Natives in remote villages. Community members who become a CHA/P are trained to assess and provide urgent, emergent and chronic disease care. Although our health care needs differ from Alaska, this model of care can be utilized to extend services at Yellowhawk.

PHARMACY

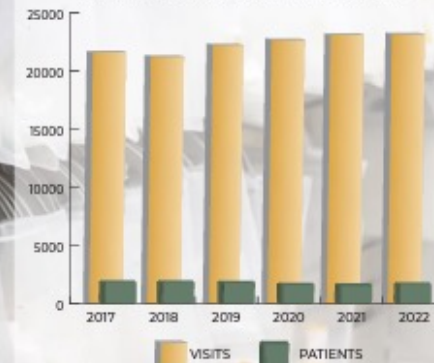
Prescription Volume

Prescription volume has continued to increase over the past few years. Compared to 2018, prescription volume increased a total of 3.5% over time.

PRESCRIPTIONS FILLED ANNUALLY



PHARMACY VISITS & PATIENTS PER YEAR





Indian Health Care Improvement Act (IHCA)

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/ihsia/themes/responsive2017/display_objects/documents/home/USCode_Title25_Chapter%2018.pdf

Circular 20-06 CHAP Nationalization

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 (IHCA) that apply to CHAPs operated by the Indian Health Service (IHS) and Indian Self-Determination and Education Assistance Act (ISDEAA) contractors outside of Alaska.

<https://www.hhs.gov/guidance/document/indian-health-circular-20-06>

National Certification Board

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.

Area Certification Board

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.

National Standards & Procedures

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.

Area Standards & Procedures

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.

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

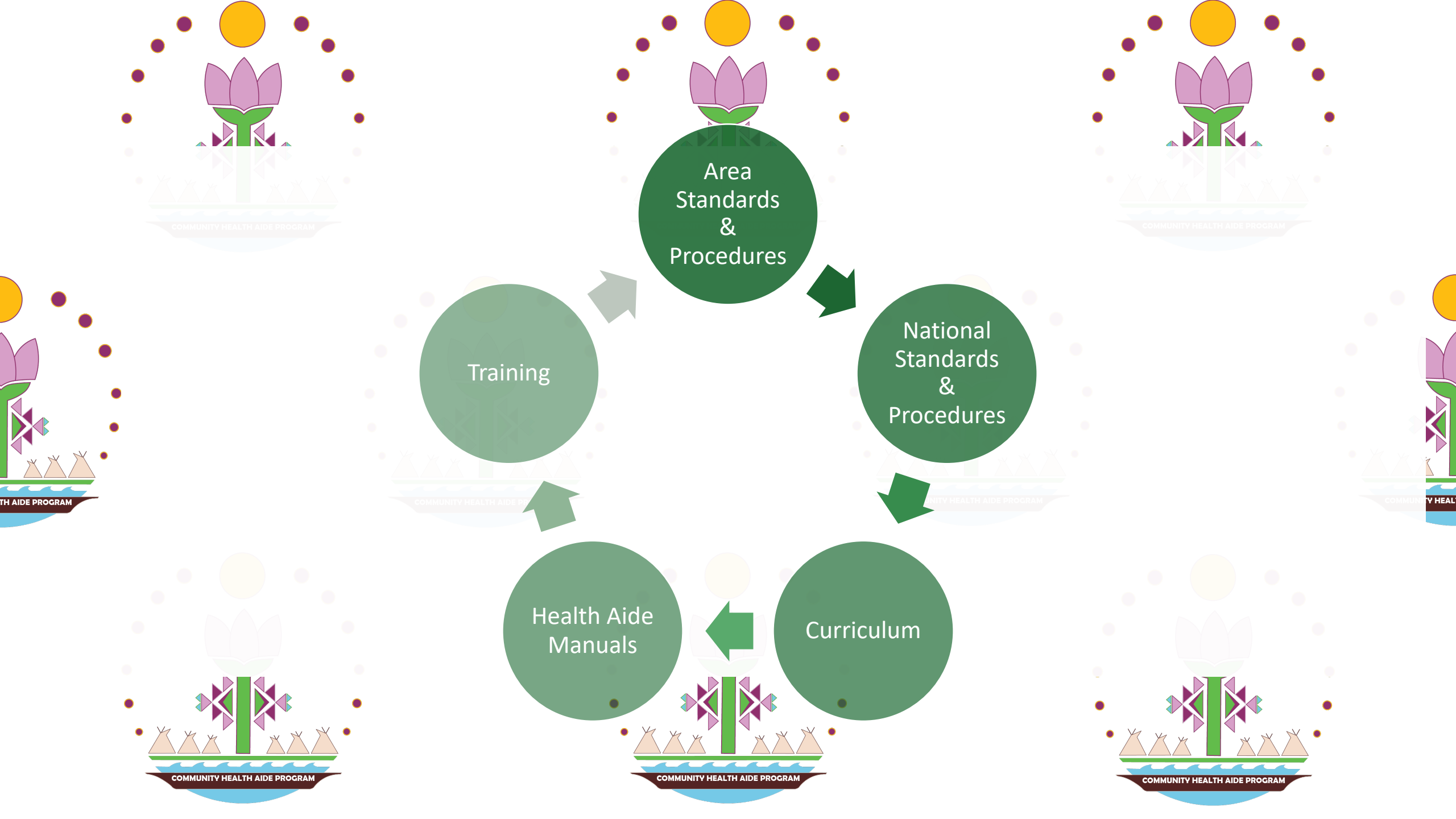
Certification of all
Tribal education
and training
programs created
for BHA/Ps,
DHA/Ts, and
CHA/Ps;

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.



WHY CHAP MATTERS



- Addressing structural racism and Tribal sovereignty in all levels of the work
- Proven history of safe, quality care in Alaska for over 50 years
- Uniquely developed for Tribes using the Alaska model
- Tribes can tailor their programs to fit their needs
- Increases AI/AN local workforce and creates career paths
- Providers are home grown and culturally knowledgeable
- Competency based, skilled providers who increase access to care
- Extend the reach of services into hard to access areas



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



Questions?