Social Injustice for Alaska Villages

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Presented by: Ruth Ballweg, M.P.A., PA-C
Associate Professor and Director
MEDEX Northwest University of Washington
School of Medicine
“Of all forms of inequality, injustice in healthcare is the most shocking and most inhumane.”

Rev. Martin Luther King, Jr.
About 85,000 Alaska Natives live in small villages of 300 to 400 people accessible only by small aircraft, boat or snow mobile.
Location of Villages, Roads, and Highways in Alaska

- Village (N=466)
- Road or Highway
Alaska Natives represent 19% (119,241) of Alaska’s population.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 Year</td>
<td>1,289</td>
<td>1,102</td>
<td>2,391</td>
</tr>
<tr>
<td>1-14 Years</td>
<td>19,662</td>
<td>18,580</td>
<td>38,242</td>
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<tr>
<td>15-24 Years</td>
<td>10,438</td>
<td>9,839</td>
<td>20,277</td>
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<tr>
<td>26-64 Years</td>
<td>25,687</td>
<td>26,290</td>
<td>51,977</td>
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<tr>
<td>65 + Years</td>
<td>2,834</td>
<td>3,520</td>
<td>6,354</td>
</tr>
<tr>
<td>Total</td>
<td>59,910</td>
<td>59,331</td>
<td>119,241</td>
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Life expectancy at birth for Alaska Natives is 69.4 years compared to 76.7 years for U.S all races and 74.7 years for all Alaskans
The Alaska Native Suicide mortality rate is 4.2 times the rate for U.S. all races and 2.4 times the rate for all Alaskans.
Forty-two percent of Alaska Native adults are current smokers.
The percentage of Alaska Native Males 16 years and older who are unemployed is 27.3% compared to 6.4% for U.S. all races males.
The suicide attempt rate for Alaska Native Males, ages 10-14 is six times that of Alaska Males 10-14
The fertility rate for Alaska Native women is nearly double that of U.S. all races women
The percentage of Alaska Native mothers who drank during pregnancy was 12.3% compared to 1.5% for U.S. all races.
Alaska Native children are more than twice as likely to live in poverty than Alaskans, all races. (25.7% compared to 10.9%)
Fetal Alcohol Syndrome prevalence rate among Alaska Natives is 3.5 times that for all Alaskans
“…the indigenous people of Native Alaska are the victims of sickness, crippling conditions and premature death in the degree exceed in very few parts of the world.”

Alaska Health Survey Team, 1953
The Health Status of rural Alaska Natives is also related to:

- Low socioeconomic status
- Subsistence lifestyle
- Rapid social change
- Harsh climate and terrain
- Community isolation
Timeline

- 1950’s  Health Activities were transferred from the Bureau of Indian Affairs to the U.S. Public Health Service
- 1954  Sanitation Aides Created. Training at the University of Alaska, Fairbanks, coupled with village training.
- 1955  Chemotherapy Aide training begins.
- 1964  Public Health Service Unit Directors develop a plan for training village people as primary health care providers
- 1968  Lyndon Johnson’s “Forgotten Nation” speech
- 1968  Oil discovered in Prudhoe Bay
- 1969  Native Health Corporations funded by the Office of Economic Opportunity
- 1971  Alaska Native Claims Settlement Act passed, leading to the development of twelve regional Native Corporations within Alaska.
- 1970’s  Statewide standards and 3 training centers established.
Key Concepts

1. Active involvement of village people in education and implementation of health-oriented efforts.

2. Affiliation in the University in the education of village assistants.


4. Utilization of the strengths of the Eskimo (i.e. hands-on activity) to accomplish the goals.

5. Close daily association between the students and instructors-to show and tell how to protect from the spread of disease.
“It is not a question of whether the villages shall be treated by completely qualified medical personnel or by persons with less than full qualifications, but a question of whether they shall be treated by persons with limited qualifications or go untreated altogether.”

Walter Johnson, M.D. 1956
OEO Principles for Native Health Corporations

• Rural Alaska is, in essence, a developing country.
• The format for health care would be vastly different from anything developed in the lower 48 states.
• The duplication of services and competition in the delivery of health care is a luxury that cannot be provided in this rural setting.
The Great Society: Lyndon Johnson’s special message to congress, March 6, 1978

“No enlightened Nation, no responsible government, no progressive people can sit idly by and permit this shocking situation to continue. Our goals must be:

- A standard of living for the Indians equal to that of the country as a whole.
- Freedom of choice: an opportunity to remain in their homelands, if they choose, without surrendering their dignity.
- Full participation in the life of modern America, with a full share of economic opportunity and social justice.
Initial Expectations

- Provision diagnosis and treatment of common medical conditions
- Emergency dental procedures including extractions
- Minor surgery, simple suturing, initial treatment of major trauma
- Mental health - recognition and treatment of life threatening psychiatric disorders
- Prompt recognition of patients with medical and surgical problems requiring immediate consultation or transport.
- Health Screening and health promotion activities. Immunizations.
- Maternal and child health. (Planned deliveries a regional medical centers.
- Simple Laboratory procedures.
Criteria for Selection

- Permanent resident of the community with intent to remain.
- Ability to read and write English.
- Preferably bi-lingual with knowledge of local dialect.
- Conscientious, reliable concern for patient confidentiality.
- Physically able to do the job.
- Acceptable to most village residents.
• Funding for the Community Health Aide Programs.
• Federal Government through Indian Health Services
• Office of Economic Opportunity
• Health Corporations
• Robert Wood Johnson Foundation to AFI and then to the Rural Education Division of the University of Alaska, Fairbanks.
CHA activities, including policies and curriculum revisions, are currently coordinated through the Alaska Native Tribal Health Consortium in Anchorage.
QuickTime™ and a TIFF (Uncompressed) decompressor are needed to see this picture.
2007:
550 CHA/Ps employed by 27 tribal health organizations working in 178 clinics and also responding to medical emergencies 24/7, 365 days a year. (All are EMT trained)
270,000 patient encounters per year.
Community Health Aides (CHAs) and Community Health Practitioners (CHPs) must meet specific requirements for certification. The goal is to move up through the ranks of CHAs to become a CHP practicing in one’s home village or local area.

<table>
<thead>
<tr>
<th>CHA/CHP Level</th>
<th>Requirements</th>
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| CHA I         | 1) EMT/ETT course  
               2) CHA I training course  
               3) Post-course approved field work  
                   – 20 patient encounters |
| CHA II–IV     | 1) Completion of previous CHA level  
               2) Next CHA level training course  
               3) 200 hours post-course approved field work  
                   – 60 patient encounters |
| CHP           | 1) CHA IV completion  
               2) Approved preceptorship  
                   – 30 hours supervised direct patient care  
                   – 15 patient encounters as primary provider  
                   – Preceptorship critical skills list  
                   – Two-section state written certification exam  
                   – State Medical Math Exam (with 100% score)  
                   – Preceptor evaluation |
Typical Village Clinic performs multiple functions:

- Primary health care clinic
- Public health clinic
- Dental office
- Pharmacy
- Laboratory
- Counseling center
- Patient travel center
MEDEX Northwest has trained 45 Community Health Aides/Practitioners as Physician Assistants. Many of these PAs serve as trainers and supervisors of CHA/Ps as well as primary care providers in Alaska Health Corporations.
Suggested Reasons for the CHA Program’s Success

1. Letting each of the villages have a hand in selecting their own heath aides.
2. Keeping the periods of training brief so the trainee does not lose his/her roots in the village.
3. Teaching a balance of theoretical knowledge, clinical and communication skill and instilling a conviction that the CHA can perform the duties expected.
4. Keeping cases small and the ratio of faculty to students low.
5. Emphasis on confidence building and acceptance by health professionals.
“While no means perfect, the Alaska CHA program works as well as it does because the CHA does not stand alone, but operates as part of a whole health care system.”

Walter Johnson, M.D.
The good news: The percentage of Alaska Native women who begin prenatal care in the first trimester was 77.4% comparable to that of U.S. all races 81.3%
The good news: The percentage of low birth weight babies is lower for Alaska Natives than for that of U.S. all races.
The good news:
81.1% of Alaska Native children 0-27 months receive required immunizations compared to 77% for all U.S. races.
Dental:

Alaska Natives suffer rates of dental carries at 2.5 time the U.S. national rates. More than 1/3 of rural Alaska school children have missed school because of dental pain.
Dental:
Dentists employed by Alaska Native tribal health agencies generally can visit each community only once a year for a week or two at a time.
Dental Health Aide/Therapist Project

- Entry level Dental Health Aides created
- Decision to send Alaskans to New Zealand
- Dental Therapists return
- American Dental Association sues ANTHC and individual Health Aides
Dental Health Aide/Therapist Project

• University of Washington agrees to assist with plans for Dental Therapist Program
• Paul Allen Foundation funds MEDEX Northwest to develop curriculum
• Kellogg Foundation approves ANTHC grant request to begin Dental Therapist Training.
• Sub-Contract awarded to MEDEX Northwest for 1st year of Dental Therapist Training.
• First class of Dental Therapists begins in Anchorage January 15, 2007. (7 students from all Alaska villages and all sponsored by Alaska Native Health Corporations)
“Unless you have worked and lived in the Alaska bush, you cannot conceive of the level of need we confront on a daily basis and the amount of resources that are required to provided even the most basic kinds of care.”

Mark Kelso, DDS, Norton Sound Health Corporation, Nome, Alaska