

**LEARNING TOUR OF  
AOTEAROA / NEW ZEALAND  
TRIBAL & HEALTH LEADERS  
April 10-11, 2024**



**ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM**

**A**



## LEARNING TOUR OF AOTEAROA / NEW ZEALAND TRIBAL & HEALTH LEADERS

### ANTHC Board Room

April 10-11, 2024

9:00 am – 4:00 pm

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#### April 10 - Day One

- 9:00 am**      **Welcome and Introductions**
- 9:10 am**      **ANTHC & Alaska Tribal Health System Overview**
- 11:30 am**      **Lunch and Alaska Cultural Activity**  
**Float Coat Song – Greg Nothstine**
- 12:30 pm**      **Community Health Services (CHS)**
- CHS Overview
  - AK Native EpiCenter
  - Behavioral Health
  - Research Services
  - Wellness and Prevention
  - Health Aide Programs (CHAP, BHA, Oral Health Promotion)
  - Distance Learning Network
  - Tour of Education Development Center
- 4:00 pm**      **Departure**

#### April 11 - Day Two

- 9:00 am**      **Welcome and Introductions**
- 9:10 am**      **Division of Environmental Health and Engineering (DEHE)**
- Sanitation Facilities and Operations
  - Climate/LEO
  - Emergency Preparedness
  - Community Environmental Health
- Noon**          **Lunch**
- 12:30 pm**      **Alaska Native Medical Center**
- Specialty Care
  - Tour of ANMC and Patient Housing
- 3:00 pm**      **Workforce Development**
- 3:30 pm**      **Closing**

**B**



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# Alaska Tribal Health System Overview

April 2024

Ts'iin da mxt (come inside, friend)  
Tsimshian

Do'eent'aa hello (how are you?)  
Tanana Benhti Kenaga' Athabaskan

'San uu 'dang giidang  
Haida

Nakhwal'in shoo ihlii  
Gwich'in Dinjii Zheh K'ya'a Athabaskan

Wa.é ák.wé? Hello (how are you)  
Tlingit

Sits'ida'on (my friend)  
Deg Hit'an Xinag Athabaskan

Enaa neenyo  
Koyukon Denaakk'e Athabaskan

Slatsiin (my friend)  
Ahtna Athabaskan

Qaimarutin  
Inupiaq

Aang  
Unanga

Shida (my friend)  
Tanaina /Dena'ina Athabaskan

WELCOME

Cama'i  
Sugpiaq



Quyana tailuci  
Central Yupik

Nijaa (our friends)  
Han Athabaskan

Quyanaaghalek tagilusi  
Siberian Yupik



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# Agenda

Day 1	Day 2
ANTHC and Alaska Tribal Health System Overview	Division of Environmental Health and Engineering
Community Health Services Programs	Alaska Native Medial Center
Tour Education Development Center	Tour of ANMC
	Workforce Development
Light breakfast and lunch will be provided both days	

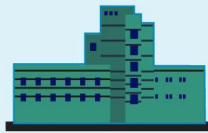
## ANTHC's Responsibility for Statewide Health Services

"The statewide health services . . . of the Alaska Native Medical Center and the Alaska Area Office may only be provided by the Consortium."



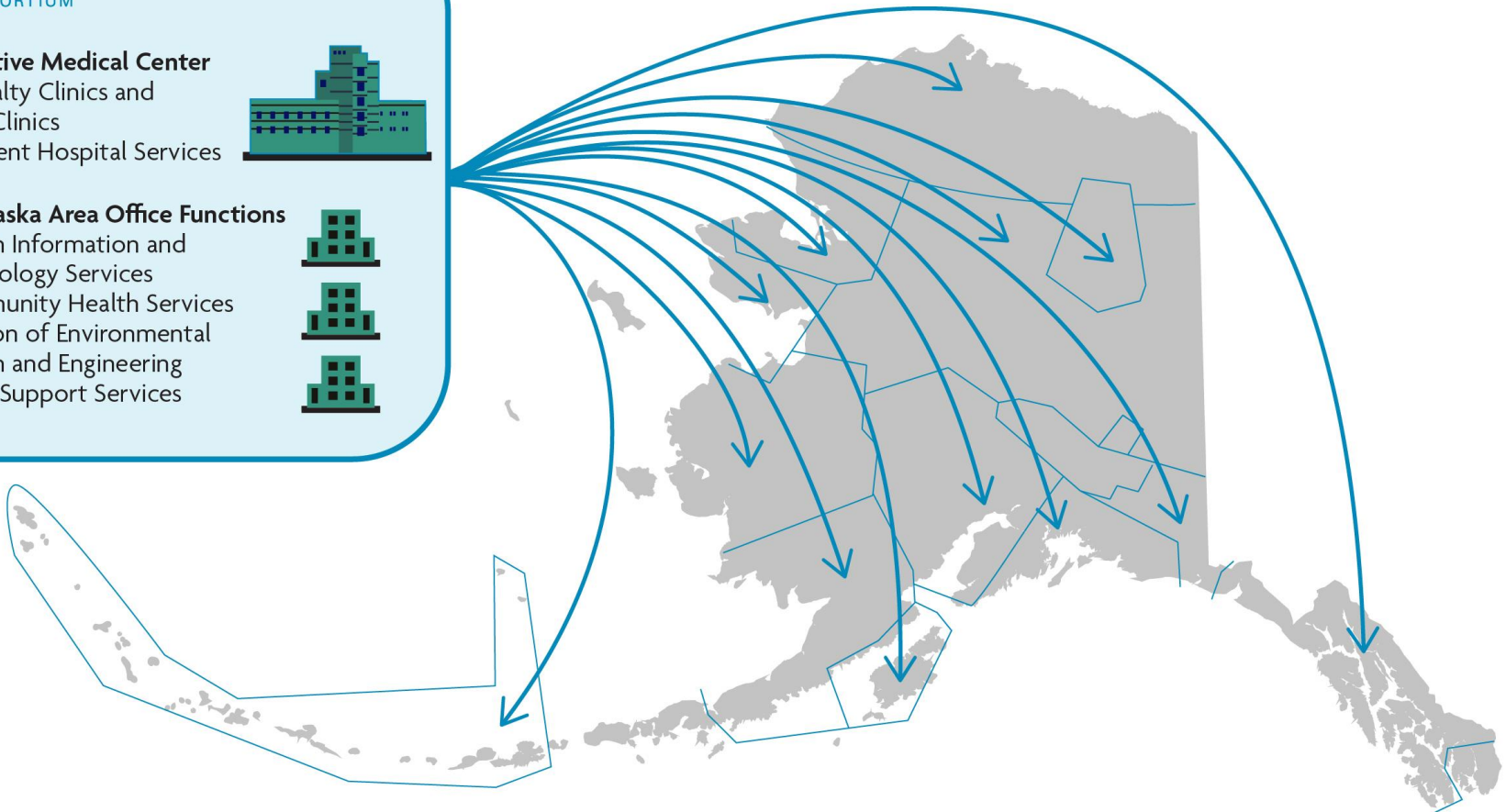
### Alaska Native Medical Center

- Specialty Clinics and Field Clinics
- Inpatient Hospital Services



### Former Alaska Area Office Functions

- Health Information and Technology Services
- Community Health Services
- Division of Environmental Health and Engineering
- Tribal Support Services



# Tribal Management in Health Care

- Tribal-owned health program
- Local decision-making and flexibility
- Local priority setting and budget allocation
- Integration of primary care around family
- Culturally relevant health programs



# Alaska Tribal Health System



- Health services for Alaska Native and American Indian people
- Tribal health organizations (THO) are autonomous and serve specific geographical areas
- Employs 12,000+ statewide

# Alaska Tribal Health Compact

- Agreement with Health and Human Services (HHS)
- 26 Tribes /THOs Co-signers
- Guiding principles:
  - government to government relationship
  - consensus
  - transparency
  - unity
  - access to Information



# Alaska Tribal Health Compact

**Alaska Native Tribal Health Consortium -229**

**Aleutian Pribilof Islands Association - 13**

**Arctic Slope Native Association - 8**

**Bristol Bay Area Health Corp. - 34**

**Chickaloon**

**Chugachmiut - 7**

**Copper River Native Association - 5**

**Council of Athabascan Tribal Govts - 10**

**Eastern Aleutian Tribes**

**Native Village of Eklutna**

**Native Village of Eyak**

**Kenaitze Indian Tribe**

**Ketchikan Indian Community - 2**

**Knik Tribal Council**

**Kodiak Area Native Association - 11**

**Maniilaq Association - 12**

**Metlakatla Indian Community**

**Mount Sanford Tribal Consortium - 2**

**Norton Sound Health Corp. - 20**

**Seldovia Village Tribe**

**Southcentral Foundation**

**SouthEast Alaska Regional Tribal Health Consortium – 18**

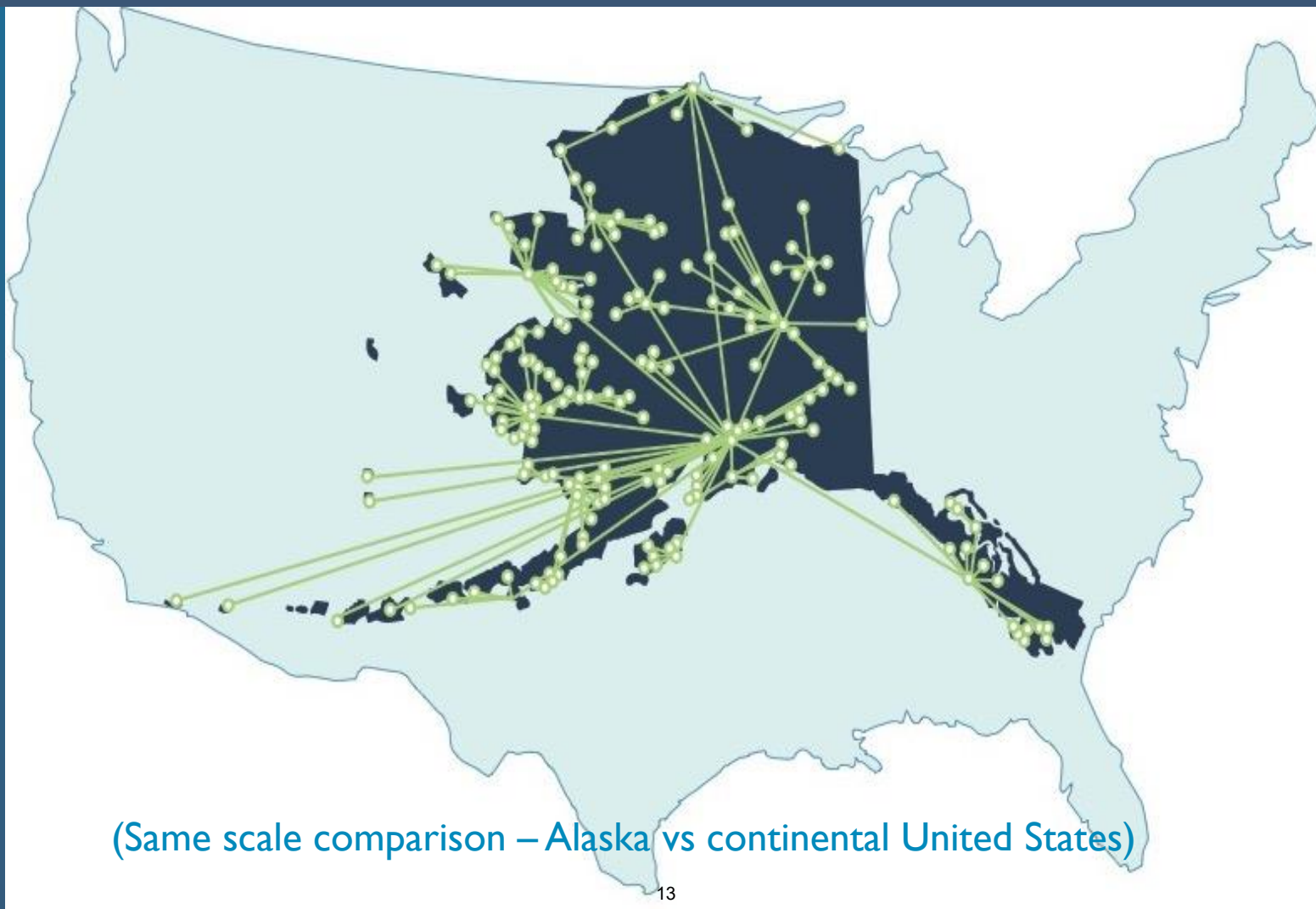
**Native Village of Tanana**

**Tanana Chiefs Conference - 42**

**Yakutat Tlingit Tribe**

**Yukon Kuskokwim Health Corp. - 58**

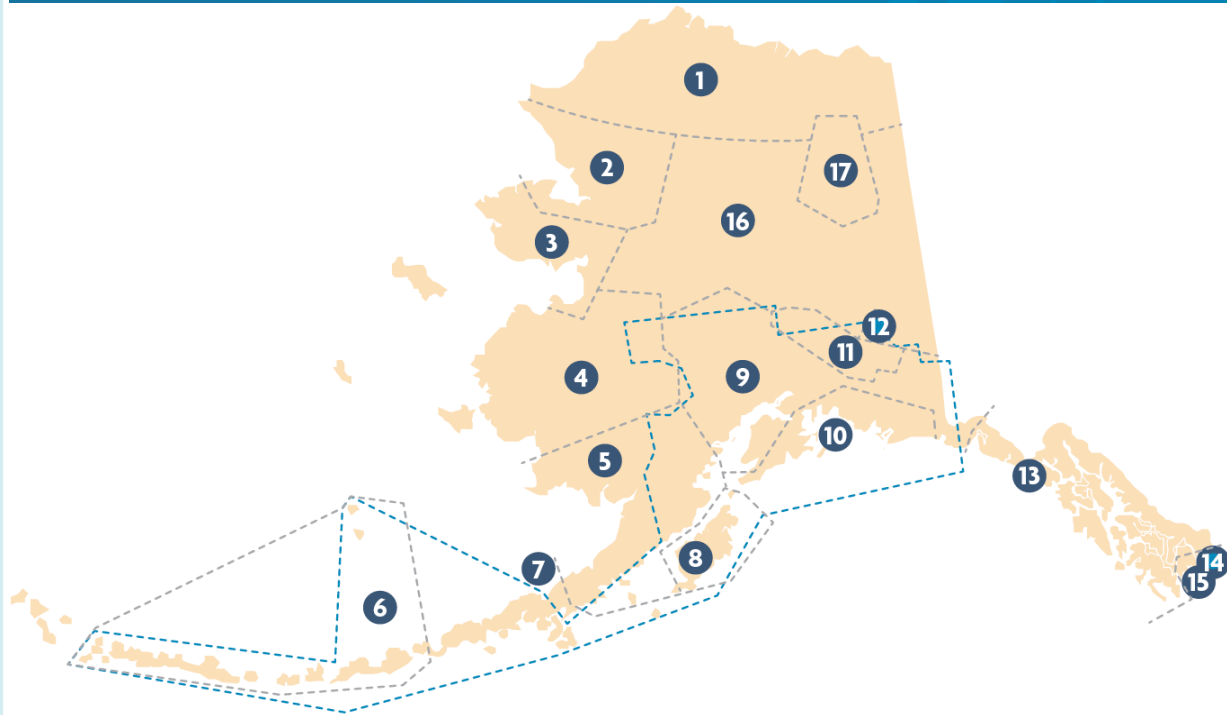
# Alaska Native Health Care System Referral Pattern





## Alaska Tribal Health System Regional Health Consortia

1. Arctic Slope Native Association
2. Maniilaq Association
3. Norton Sound Health Corporation
4. Yukon-Kuskokwim Health Corporation
5. Bristol Bay Area Health Corporation
6. Aleutian Pribilof Islands Association
7. Eastern Aleutian Tribes
8. Kodiak Area Native Association
9. Southcentral Foundation (service area in blue)
10. Chugachmiut
11. Copper River Native Association
12. Mt. Sanford Tribal Consortium
13. SouthEast Alaska Regional Health Consortium
14. Ketchikan Indian Corporation
15. Metlakatla Indian Community
16. Tanana Chiefs Conference
17. Council of Athabascan Tribal Governments



### Medical Care Services Levels

- Community health clinics
- Subregional clinics
- Regional hospitals
- Alaska Native Medical Center

# Community Health Clinics

- 180 village health clinics
- Primary health care providers
  - 550 Community Health Aides/Practitioners
  - 125 Behavioral Health Aides
  - 60 Dental Health Aides/20+ Therapists
  - 100 Home Health/Personal Care Attendants
- Average Alaska village: 350 residents



Kiana Village Clinic

## Subregional Clinics



Copper River Native  
Association (CRNA)  
Regional Health Clinic

- 25 subregional mid-level clinics
- Serve surrounding small villages and towns
- Services provided include:
  - Mid-level providers
  - Modest radiology services
  - Modest lab services
  - Dental operatories
  - Behavioral Health Professionals

# Regional Hospitals

- 7 Accredited regional hospitals
- Independently operated and managed by Tribal health organizations



# Alaska Native Tribal Health Consortium



**OUR VISION:** Alaska Native people are the healthiest people in the world.

**OUR MISSION:** Optimizing health and wellbeing through collaborative partnerships and services.



# Board of Directors



**KIMBERLEY STRONG**  
Chair  
SouthEast Alaska Regional Health Consortium



**WALTER JIM**  
Vice Chair  
Yukon-Kuskokwim Health Corporation



**BERNICE KAIGELAK**  
Treasurer  
Arctic Slope Native Association



**CHARLENE NOLLNER**  
Secretary  
Copper River Native Association



**MARK SNIGAROFF**  
Director  
Aleutian Pribilof Islands Association



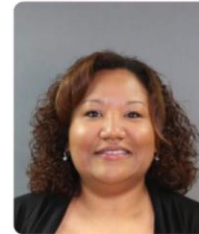
**ROBERT CLARK**  
Director  
Bristol Bay Area Health Corporation



**FRANCIS NORMAN**  
Director  
Chugachmiut



**LORETTA NELSON**  
Director  
Kodiak Area Native Association



**TANYA KIRK**  
Director  
Maniilaq Association



**ALONZO LEISHOLMN**  
Director  
Metlakatla Indian Community



**ANTHONY HAUGEN**  
Director  
Norton Sound Health Corporation



**THOMAS HUHDORF**  
Director  
Southcentral Foundation



**ANDREW JIMMIE**  
Director  
Tanana Chiefs Conference



**CORINA EWAN**  
Director  
Unaffiliated Tribes, Seat A



**CHIEF GARY HARRISON**  
Director  
Unaffiliated Tribes, Seat B

# Operational Areas

- ❁ Alaska Native Medical Center
- ❁ Community Health
- ❁ Environmental Health
- ❁ Support Services



# Executive Team



**Natasha Singh**  
Executive Vice President and  
Vice President of Legal Affairs



**Dwain Stilson**  
Executive Vice President and  
Chief Financial Officer



**Alan Vierling**  
ANMC Administrator



**Monique Martin**  
Vice President of  
Intergovernmental Affairs



**Allison Reed**  
Chief Ethics &  
Compliance Officer



**Tiffany Zulkosky Hild**  
Vice President of  
Communications



**David Beveridge**  
Vice President of the Division of  
Environmental Health & Engineering



**Weather Potdevin**  
Senior Director of  
Community Health Services

# Alaska Tribal Health System History



# Early Treaties & Laws

## Through the early 1800s, Tribal sovereignty was unquestioned

- Tribes signed ~375 treaties requiring the federal government to assume specific and enduring obligations to Tribes
- Many treaties promised provision of physicians and medication, occasionally a hospital
- <https://www.archives.gov/research/native-americans/treaties>

## Early Indian law and policies – Framework for future

- “This Constitution, and the laws of the United States which shall be made in pursuance thereof; and all treaties made, or which shall be made, under the authority of the United States, shall be the supreme law of the land.” Article 6, Clause 2, U.S. Constitution (Supremacy Clause)
- Marshall Trilogy – Court Cases 1820 – 1830s
  - Important decisions for the basis for Indian Law and policy:
    - Tribes are sovereign – ability to govern themselves
    - Unique “Trust Responsibility” exists between US and Tribes
      - US is to Tribes as a “guardian” is to a “ward”
      - Federal Government, not state governments, has authority and responsibility for Tribal Issues
- Snyder Act (1921)
  - makes all indigenous people US citizens, provides funds for “relief of distress and conservation of health”
  - One of the primary legal basis referenced today

# **Tribally Controlled Health Care Important Federal Legislation**

## **Indian Self Determination and Education Assistance Act (ISDEAA)**

**Passed in 1975  
Public Law 93-638**

- **Affirmed the government-to-government relationship between the federal government and Tribes.**
- **Allows contracting and compacting**
  - **Tribes could run their own services, including health programs.**

# Tribally Controlled Health Care Important Federal Legislation

## Indian Self Determination and Education Assistance Act (ISDEAA)

“The Congress, after careful review of the Federal Government’s historical and legal relationship with, and resulting responsibilities to, American people, finds that [...] the prolonged Federal domination of Indian service programs has served to retard rather than enhance the progress of Indian people and their communities [...] and has denied to the Indian people an effective voice... .”

Congressional Findings,

Text of Indian Self-Determination and Educational Reform Act, 1975

Tribally Controlled  
Health Care  
Important Federal  
Legislation

Indian Health  
Care  
Improvement Act  
(IHCIA)

## Passed in 1976

- Reauthorized 4 times
- Permanently reauthorized in 2009
- Included in the ACA legislation

## Major Provisions:

- Allows for T/THOs to bill Medicare & Medicaid
- Exemption from State licensing requirements
- Reaffirms MOU between VA / IHS
- Access to Federal Employee Health Benefits Program for Tribal Employers\*

\* **Note:** The term tribal employers is used to designate tribes, tribal employers, tribally controlled schools and urban Indian organizations.



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# Tribally Controlled Health Care

1980s: Tribes, regional nonprofits and newly formed health corporations contracted to take over Indian Health Services programs under Title I contracts

Oct. 1, 1994: Alaska Tribal Health Compact entered into under new pilot project for self-governance

Original Co-Signers (13): Aleutian Pribilof Islands Association, Bristol Bay Area Health Corporation, Chugachmiut, Copper River Native Association, Kodiak Area Native Association, Maniilaq, Native Village of Eklutna, Norton Sound Health Corporation, Seldovia Village Tribe, Southcentral Foundation, SouthEast Alaska Regional Health Consortium, Tanana Chiefs Conference, Yukon-Kuskokwim Health Corporation

Compact expands

Since FY1997 (10): Arctic Slope Native Association, Eastern Aleutian Tribes, Metlakatla Indian Community, Ketchikan Indian Community, Council of Athabascan Tribal Governments, Mt. Sanford Tribal Consortium, Yakutat Tlingit Tribe, Kenaitze Indian Tribe, Knik Tribal Council, Chickaloon Village

1998: Alaska Native Tribal Health Consortium (ANTHC)

2010: Native Village of Eyak

2023: Native Village of Tanana

**The Alaska Compact is the only multi-party compact in the nation. A single Compact is negotiated by all 26 Co-Signers, and each Co-Signer has a separate Funding Agreement. There are still 10 Title I contracts remaining in Alaska.**



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# Tribally Controlled Health Care

June 1998: ANTHC assumes its first programs

October 1, 1998: ANTHC finishes assuming Area Office functions, joins Compact

January 1999: Alaska Native Medical Center (ANMC) transition to ANTHC and Southcentral Foundation operations begins

In Alaska, 99% of the Alaska Area budget is allocated to Tribes and Tribal Organizations



# Tribal Consultation

A unique government-to-government relationship exists between the Federal government and Tribes

- Grounded in the US Constitution and numerous treaties, statutes, federal case law, regulations and executive orders.

Alaska Native and American Indian peoples and governments have inherent rights and sovereignty that pre-dates the Government of the United States, and because of that, Tribes have a political relationship with the U.S. government that does not derive from race or ethnicity.

While the unique “Trust Responsibility” exists between the Federal Government and Tribes, the Federal Government frequently acts through programs administered by state governments, such as Medicaid, SNAP, TANF, and others.

Consultation is one of the venues through which the formal government-to-government relationship is exercised.

# Questions





Thank you

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# Community Health Services

*Weaving together culturally responsive programs, research, resources, and care to promote health and sustainable Alaska Native communities.*

Weather Potdevin

[wpotdevin@anthc.org](mailto:wpotdevin@anthc.org)

# Community Health Services (CHS)



**CHS Sr. Director  
Weather Potdevin**

**CHS Administration  
Desirae Mack**

- Division Support Services
- CHAP Certification Board
- Interprofessional Education

**Alaska Native  
Epidemiology  
Center  
(EpiCenter)**

**Dr. Ellen Provost**

- EpiCenter Core/TECPHI Services
- Wellness Strategies for Health
- Alaska Native Tumor Registry (ANTR)
- Cancer Research Studies (CRS)
- Syndromic Surveillance Program (SS)
- National Coordinating Center for Good Health and Wellness in Indian Country (CCG)
- National Coordinating Center (NCC) for Tribal Epidemiology Centers Public Health Infrastructure (TECPHI)

**Behavioral Health**

**Jacquelyn  
Engebretson**

- Behavioral Health Clinical Systems Development and Advocacy
- Alaska Blanket Exercise

**Research Services**

**Dr. Tara Ford**

- Health Research
- Research Administration
- Research Support Services
- Research Capacity Building
- Bio-Specimen Resources
- Tribal Review

**Wellness &  
Prevention**

**Dana Diehl**

- Cancer Prevention
- Elder and Youth Outreach
- Food Distribution
- Healthy Alaskans
- Healthy Healers
- Health Promotion: Nutrition and Physical Activity
- HIV/STD Prevention
- Immunization Program
- Injury Prevention
- Substance Misuse Prevention
- Tobacco Prevention

**Distance Learning  
Network**

**Tina Coulston**

- Instructional Design Team

**Oral Health  
Promotion**

**Dr. Sarah  
Shoffstall-Cone**

- Ilisagvik College Alaska Dental Therapy Educational Program
- Alaska Area Clinical and Preventative Support Center
- Dental Health Aide Statewide Services

**Behavioral Health  
Aide Program**

**Dr. Xiomara Owens**

- Behavioral Health Aide Training Center
- Behavioral Health Aide Statewide Services

**Community Health  
Aide Program  
(CHAP)**

**Carolyn Craig**

- CHAP Training Center
- CHAP Statewide Services

## Community Health Services by the Numbers

- 160+ employees
  - Combined with students and contractors: ~185+ people
  - Departments range in size from 6 to 38 employees
- 46% of employees are Alaska Native or American Indian people
- Split between funding from ANTHC and grant funding
  - FY23:
    - ~\$25M in grant funding from federal, state, and private funders
    - ~\$16M in ANTHC funding



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# Alaska Native Epidemiology Center

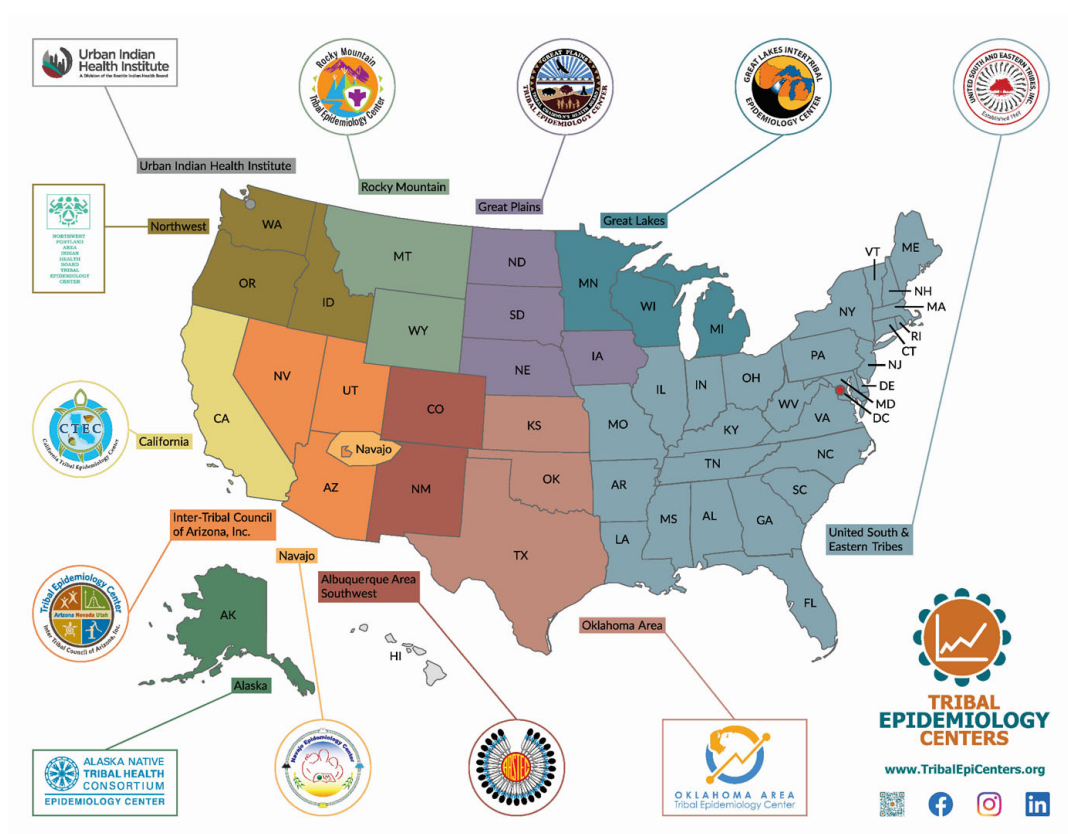
Carla Britton, PhD, MS

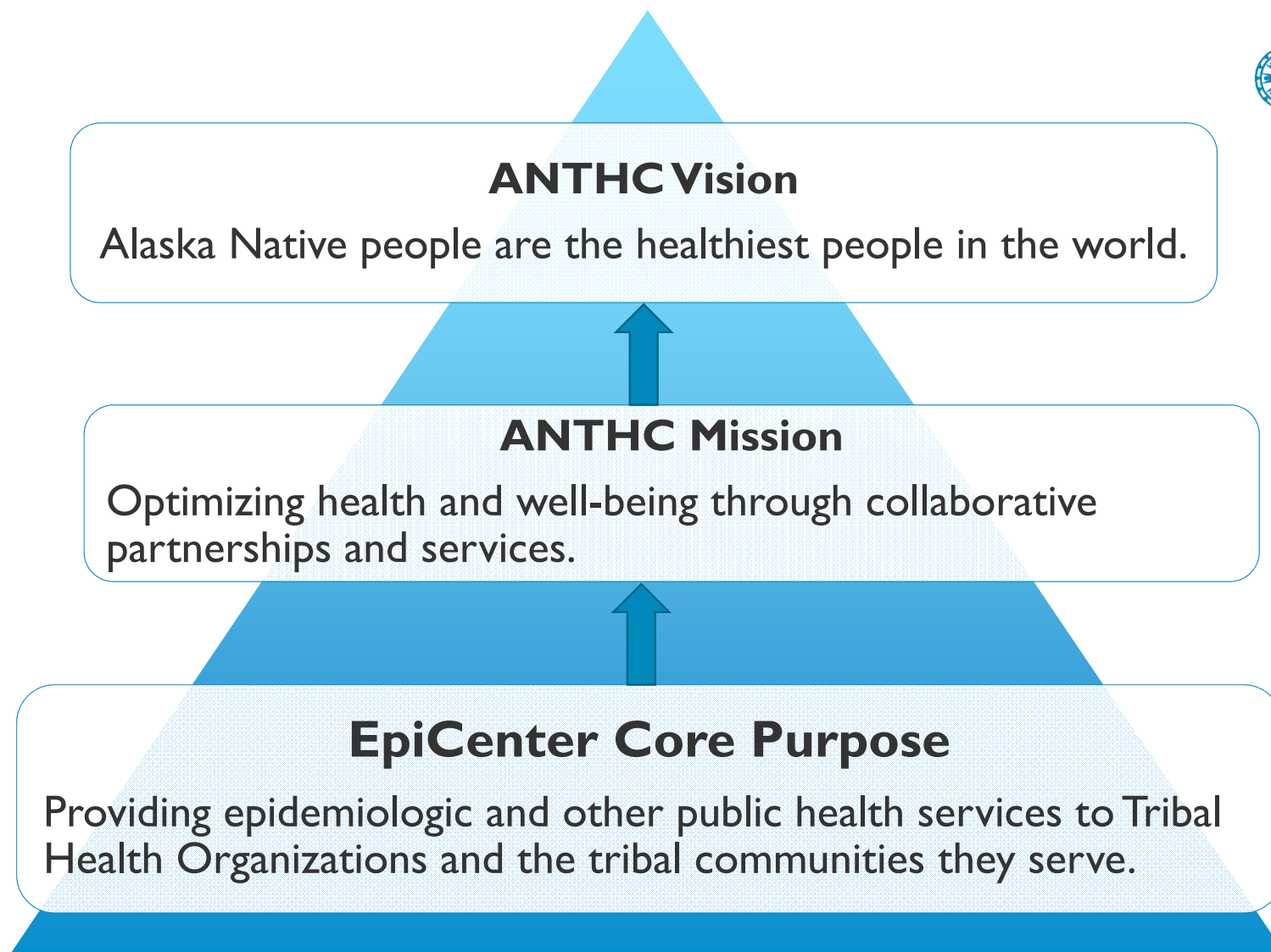
[clbritton@anthc.org](mailto:clbritton@anthc.org)

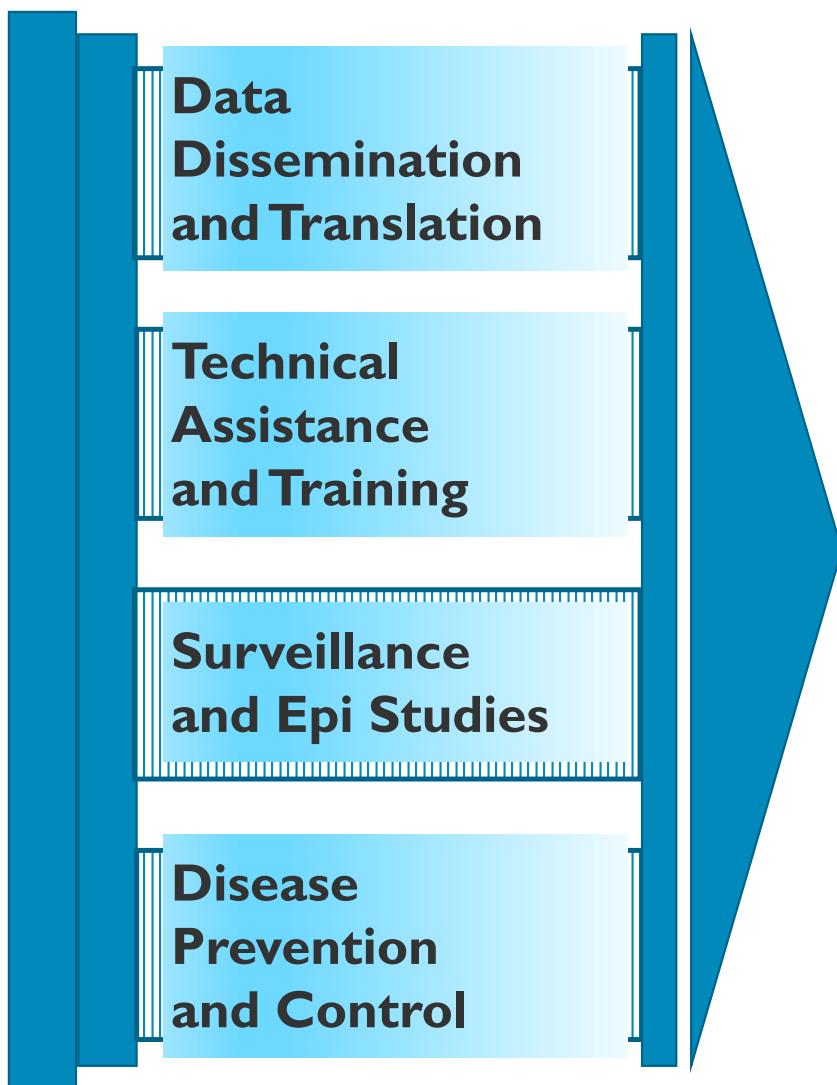
## Tribal Epidemiology Centers (TECs)

- Authorized by Congress in 1996 by the Indian Health Care Improvement Act (IHCIA)
- 7 core functions related to data collection, surveillance, monitoring and technical assistance
- Reauthorization of IHCIA in 2010 acknowledged TECs as public health authorities

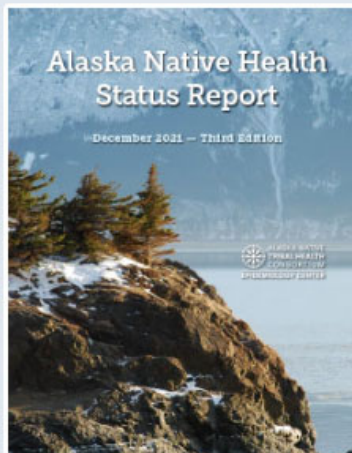
# 12 Tribal Epidemiology Centers







## **Vision and Mission**

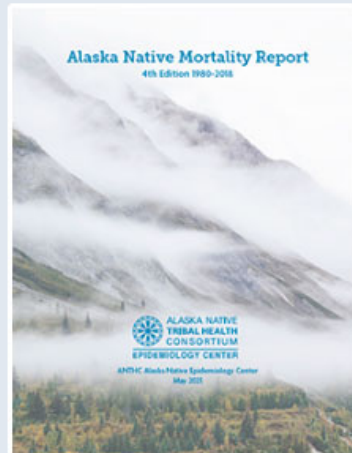


### Alaska Native Health Status Report, 3rd Edition

This report provides an overview of the health status of Alaska Native people living in Alaska statewide and by tribal health regions. These data can help demonstrate significant health improvements that have been achieved among Alaska Native people. 250 pages.

[Full Report \(24.8 MB\)](#)

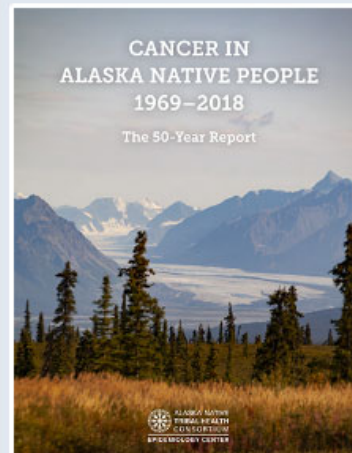
Chapters: Table of Contents | Introduction | Sociodemographics | Mortality | Morbidity | Maternal, Infant, and Child Health | Adolescent Health | Adult Health | Preventative Care | Environmental Health | Regional Profiles | List of Figures and Tables | References | Executive and Data Summaries | Appendices



### Alaska Native Mortality Report: 1980-2018

This report shows detailed information on the leading causes of death among Alaska Native people over time. Statistics are provided by age, gender, and by Tribal health service regions. Further information about life expectancy, years of potential life lost, excess death, and comparisons to U.S. all races mortality can be found in this report. 310 pages.

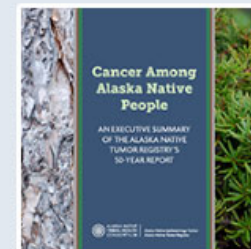
[Full Report \(8.6 MB\)](#)



### Cancer in Alaska Native People: 50-Year Report

This 50-year report shows detailed information on cancer incidence and mortality by site, gender, stage, and cancer trends over time among Alaska Native people compared to US whites. Cancer incidence data are also presented by Tribal health regions in Alaska for leading cancers and cancer trends. 186 pages.

[Full Report \(1 MB\)](#)



### Cancer Among Alaska Native People: Executive Summary of the 50-Year Report

This brochure summarizes the information from the full 50 year report. It gives information on the leading cancers, how rates of these cancers vary throughout the state, and how they have changed over time.

[Full Report \(12 MB\)](#)

## Programs

The EpiCenter engages in a wide array of programs and projects. Our stakeholders include Tribal Health Organizations, the Alaska Tribal Health System, other national epidemiology centers, state and federal agencies, and more.



### Alaska Native Tumor Registry (ANTR)

Collecting, analyzing, and disseminating cancer information.



### Wellness Strategies for Health (WSH)

Reducing heart disease, diabetes, and stroke.



### Colorectal Cancer (CRC) Control

Increasing colorectal cancer screening rates.



### Syndromic Surveillance (SyS) Program

Using Syndromic Surveillance Data in the Alaska Tribal Health System.

To support our core functions, we, in conjunction with the other 11 TECs, have increased our efforts to improve access to local and national data.



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# Behavioral Health

Jacquelynn Engebretson

[jlengebretson@anthc.org](mailto:jlengebretson@anthc.org)

# Alaska Blanket Exercise



- Focuses on trauma and resiliency
- Virtual and in-person offerings
- Supplementary opportunities
  - Learning Community
  - Healing Community
  - Youth ABE
  - Regional adaptations
- For more info:  
[akblanketexercise@anthc.org](mailto:akblanketexercise@anthc.org)

# HoloLens Augmented Reality Lessons

- Holographic lessons
  - Opioids and the Brain
  - Adverse Childhood Experiences and the Brain
- For more info:  
[mkolachala@anthc.org](mailto:mkolachala@anthc.org)



## Other Projects



- Tribal Behavioral Health Directors Subcommittee
- Provider education
- Internships



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# Research Services

Tara Ford, PhD

[tjford@anthc.org](mailto:tjford@anthc.org)

# Health Research

- Core Functions
  - Conduct research with communities and Tribal health organizations to improve the health of Alaska Native people.
  - Disseminate research findings to Alaska Native peoples, Tribal health organizations, and in scientific literature.
- Some current Research Areas
  - Arthritis
  - Colon and gastric cancer
  - Indoor air quality, water and sanitation
  - Liver disease and hepatitis
  - Respiratory illness, including COVID
  - Sexual and reproductive health
  - Tobacco cessation
  - Traditional foods and diet



# Research Support

- Biostatistics
- Data management
- Computer programming
- Research assistance



# Tribal Review and Biorepository

## Tribal Review Internal at ANTHC

- Research Ethics Training for Health in Indigenous Communities (rETHICS)
  - Prepare researchers for conducting ethical research with Alaska Native and American Indian communities
- Research Review Committee
- Abstract, Manuscript and Proposal Review Committee
- ANTHC Health Research Review Committee



## Biorepository

- ANTHC Pathology Specimen Archive
- Partner with Centers for Disease Control & Prevention, Arctic Investigation Program, Alaska Area Specimen Bank



## Workforce Development & Capacity Building



- Alaska Indigenous Research Program
  - Increase the health research capacity by providing Indigenous-centered, cross-cultural research education and training.
- Summer Alaska Native and American Indian Student Internships
- Monthly research brown bags
  - Discuss ongoing and completed research and research methods.
- Alaska Native Health Research Conference
- Collaboration with Georgetown University Department Global Health



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# Wellness and Prevention

Dana Diehl

[dadiehl@anthc.org](mailto:dadiehl@anthc.org)

# Core Services:



Outreach & Education



Training & Technical Assistance



Statewide Messaging

# Alaska Native Values



Show Respect to Others	Each person has a special gift
Share what you have	Giving makes you Richer
Know who you are	You are a reflection on your family
Accept what life brings	You cannot control many things
Live carefully	What you do will come back to you
Take care of others	You cannot live without them
Honor your Elders	They show you the way in life
Pray for Guidance	Many things are not known
See connections	All things are related
Have patience	Some things cannot be rushed

# Statewide Prevention Priorities

- Prevention priorities are guided by:
  - Input from Tribal Partners
    - Regional Networks
    - Alaska Native Elder Health Advisory Committee
  - Public Health Data
  - Healthy Alaskans 2030



# Overarching Prevention Priorities



# Elder & Youth Outreach

- Volunteer visiting
- Traditional foods luncheons
- Alaska Native Elder Health Advisory Committee
- Rural Elder Services Network



# Food Sovereignty

- Alaska Plants for Food and Medicine
- Store Outside your Door
- Food Distribution Program on Indian Reservations
- Courtyard Garden at the Hospital





# Injury Prevention

- Falls prevention
- Drowning prevention
- Motor vehicle safety
- Poisoning prevention
- Suicide prevention
- Domestic violence prevention/MMIP/Human Trafficking
- Traumatic Brain Injury Prevention



# Substance Misuse Prevention

- Opioid Overdose, Response & Prevention:
  - ✓ Safe Storage and Disposal Supplies for Prescription Medications
  - ✓ Naloxone Kits and training
- Rural Alcohol, Marijuana and Tobacco Prevention



# HIV/STD Prevention Program

- Sexual Health
  - Spawn Safely/ Condom Distribution
  - STD Testing/I want the kit
- HIV Self Test Kits
- Healthy Relationships
  - Safe in the Village & Native it's your Game
- Harm Reduction Kits and Trainings



# Immunization Program

- Promotes childhood and adult immunizations in partnership with Tribal Health Organizations
  - Goal is to maintain high immunization coverage statewide
- Provides technical assistance to regional immunization coordinators to implement Vaccines for Children Program
- Technical assistance for using statewide database and electronic health records to track and report immunizations

Ax tuwáa sigóo  
wooch xoox  
haa dateeyí,  
ách áwé  
wé náakw  
ax tóode  
kawdudlitsaak.

Yá ax een  
koowa.oowu aa  
has xasixán.





## FY23 Prevention Outcomes:

- Distributed 3,261 Opioid Overdose Response Kits
- Distributed 284 HIV self-test kits and 153,480 condoms
- Facilitated 12 Suicide Prevention trainings reaching 157 participants
- Trained 98 participants in ATV and Helmet Safety
- Shipped 274,523 lbs of food to 17 Tribes
- Provided 5 Alaska Native Foods Luncheons serving 105 participants, including Elders



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# Community Health Aide Program

Carolyn Craig

[clcraig@anthc.org](mailto:clcraig@anthc.org)



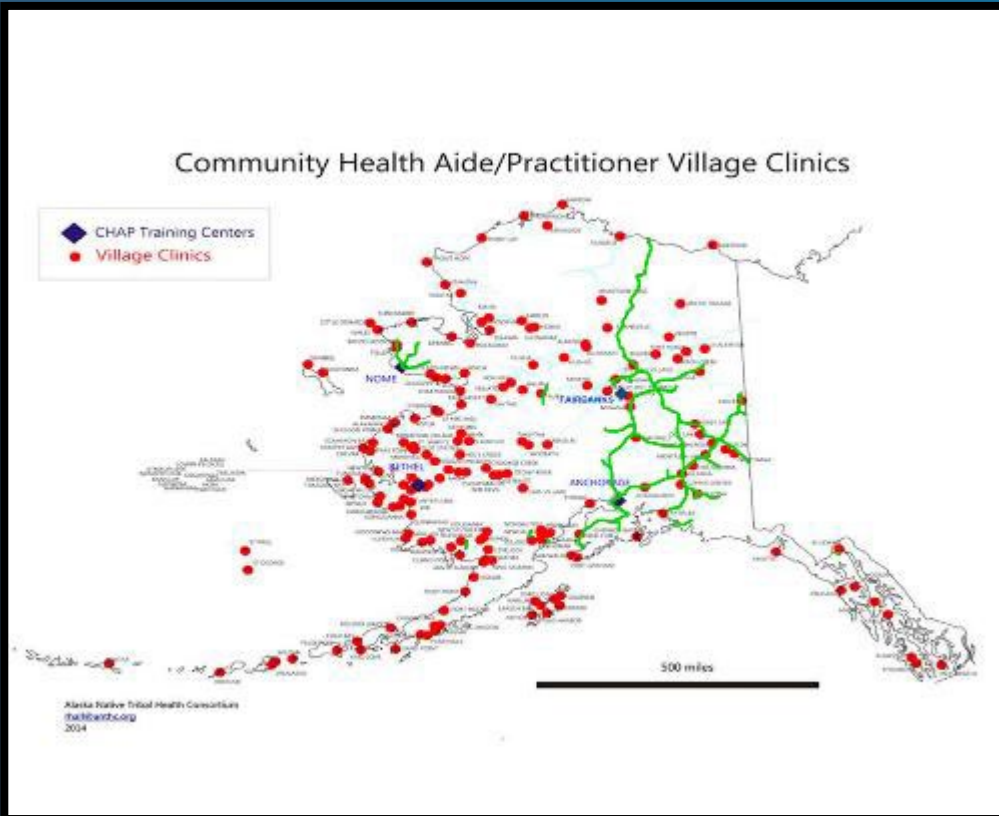
# Alaska Community Health Aide Program





# Challenges

- Geography
- Small village populations
- Harsh and unpredictable weather
- High cost of travel
- Difficulty recruiting and retaining trained health care providers



# Solution

Train local people to provide medical care

- “Eyes and ears” of the physician
- Provide emergency, acute care, chronic and preventive care



# CHAP History

- 1950's Chemotherapy Aides (Volunteers) provided Directly Observed Therapy for TB Patients
- 1960's Formal Training, Pilot Programs
- 1968 Recognized and Funded by Congress  
185 positions, 157 villages
- 1976 Community Health Aide Manual (CHAM)
- 1998 Community Health Aide Program Certification Board (CHAPCB)  
Formalized the process for maintaining training and practice standards and procedures
- 2004 Dental Health Aide Program
- 2009 Behavioral Health Aide Program



# Community Health Aides/Practitioners (CHA/Ps)

- Estimated to conduct more than 50% of ambulatory patient encounters in the State of Alaska
- Provide emergency, acute, chronic, and preventive care
- Skills based training
  - Make “Assessments,” do not medically diagnose
- Work under medical supervision of a licensed physician





# CHA Programs

- 25 programs statewide, run by the Tribal Health Organization (THO)
- 148 rural clinics
- 352 Certified CHA/P's statewide

# CHA Selection & Training



## Pre requisites:

- 6<sup>th</sup> grade math and reading level
- Completion of Emergency Trauma Technician (ETT) or Emergency Medical Technician (EMT) certification
- Pre-session: CHA Role and Program Orientation

Norton Sound Health Corporation, Nome



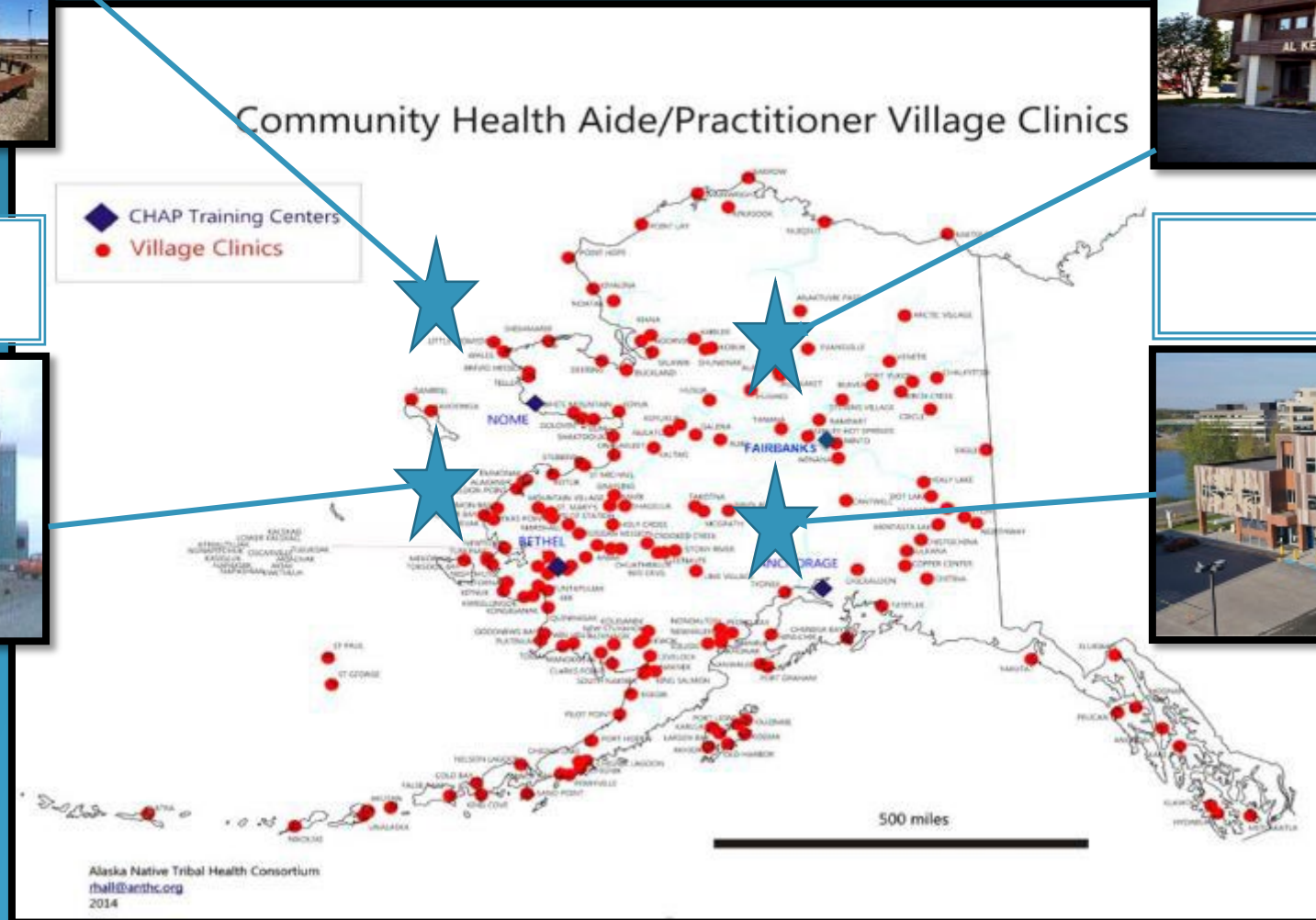
Tanana Chiefs Conference, Fairbanks



Yukon-Kuskokwim Health Corporation, Bethel



ANTHC Anchorage



# Basic CHA Training and Distance Learning

**Session I - IV: 3-4 weeks →**

Complete 20-60 patient encounters in home village to complete training

- Complete 200 hours
- Federal certification at every level

**Blended SI (Blended Session II is being created)**

- 10 weeks
  - 8 weeks via Distance Learning Network
  - 2.5 weeks at Training Center

**Session IV Blended**

- 10 weeks
  - 8 weeks via Distance Learning Network
  - 2 weeks at Training Center

**Preceptorship: 30 hours and 15 patient encounters, skills are evaluated**

- Final



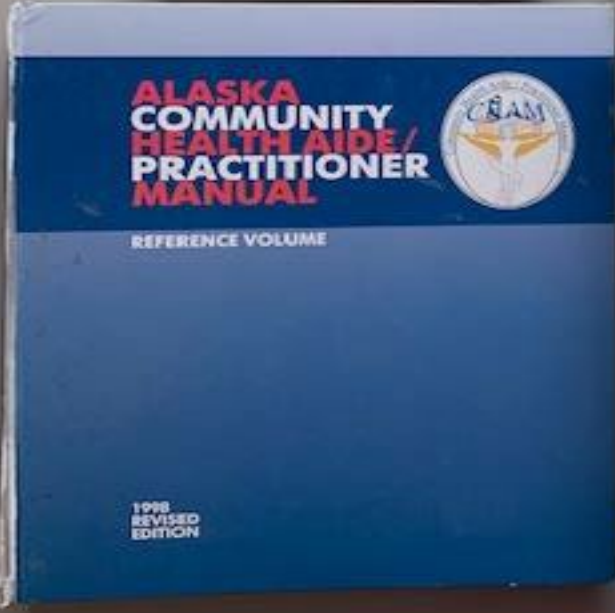
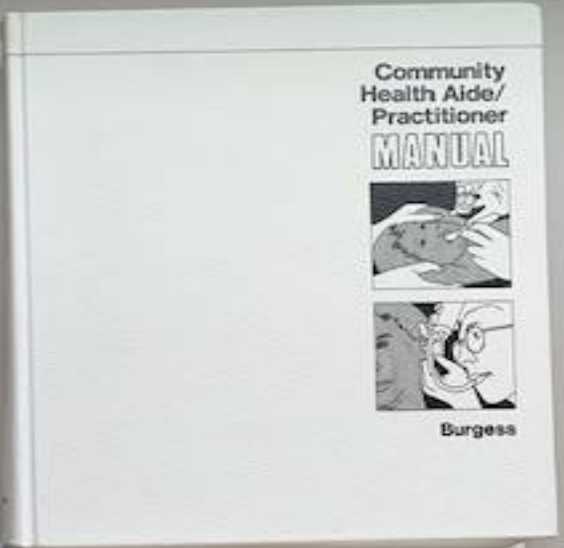
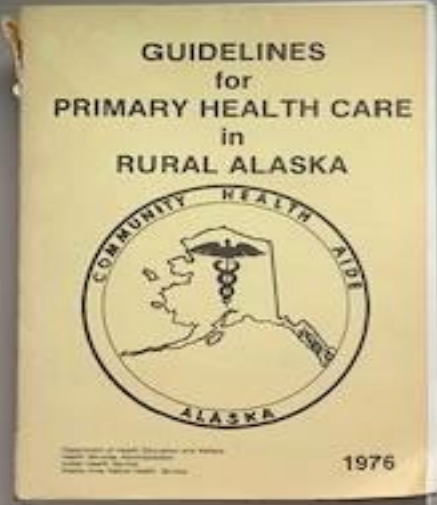
# How CHA/P's Practice

- Employed by a Tribal Health Organization
- Licensed Physician
- Community Health Aide Manual (CHAM)

For more information:

[www.akchap.org](http://www.akchap.org)





# Community Health Aide Manual (CHAM)

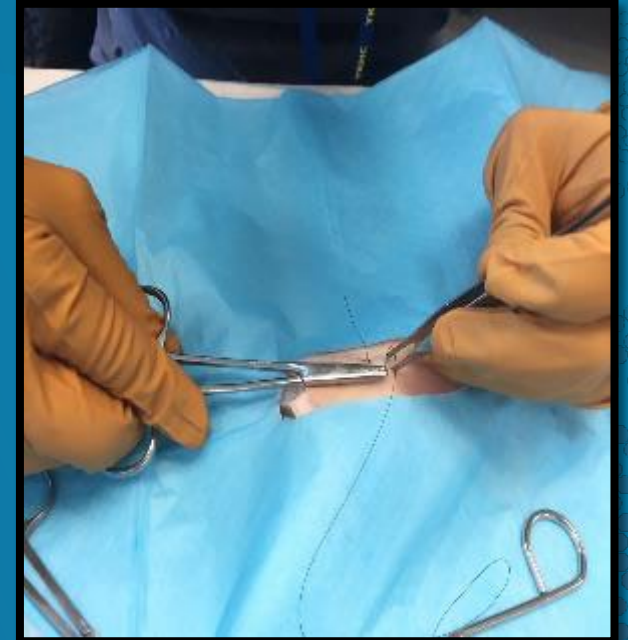


- A guide to the CHA/P for every patient encounter
- Identifies specific section to guide history, exam and determine Assessment
- Follow a specific Plan, Report
- Online: eCHAM Website
- Offline: iCHAM (iPad app)
- Personalization features (bookmarks, comments, highlights)
- Regional Notes



# Clinical Skills

- Emergency response – Trauma and Medical
- IVs
- Injections, immunizations
- Emergency delivery
- Wound care
- POC testing



# Top 10 CHA visits

- Upper Respiratory Infections
- Skin and SQ Infections
- Disorders of Teeth/Gingiva
- Abdominal Pain/Digestive
- Otitis Media
- Skin Disorders
- Infectious Disease
  - Exposure, screening, contact
- Injury-nonspecific
- Extremity wounds
- Musculoskeletal Pain



State of Alaska Medicaid 2021

## New Problem or Complaint

Chief Complaint (CC, problem). Ask patient/parent.

- ▶ Why have you come to the clinic today?
  - For Emergency: Go to [Emergency](#).
  - For Sick Child Younger than 8 Years: Go to [Child Younger than 8 Years Who May Be Very Sick](#).
  - For Recheck Visit: Go to [Recheck Visit of Problem Treated at Village Clinic](#).
  - For Follow-up after Hospital or Regional Clinic Visit: Go to [Follow-Up: After Hospital or Regional Clinic Visit](#).
  - For Chronic Care Visit: Go to [Chronic Care Visits](#).
  - For Preventive Care Visit: Go to [Preventive Care](#).
- ▶ Begin Here if patient has a New Problem.
  - Follow regional guidelines for infection control precautions and [Infectious Disease Screening](#).

**Note:** If patient has more than one problem, ask HPI questions (1 to 3 below), one problem at a time.

### Begin History of Present Illness (HPI)

1. [Describe the problem:]

- When did the problem start?
- Where exactly is the problem?
- What does it feel like? [If pain:]
  - Is it dull, sharp, throbbing, burning, other?
  - Does it stay in one place or move around?
  - Rate level of pain 0 to 10 [Pain Scale](#).
- Is the problem there all the time, or does it come and go? [If it comes and goes:]
  - How often does it come?
  - How long does it last?
- Does anything make it better?  
(Such as: Time of day, body position, eating, moving a body part, exercising)
- Does anything make it worse?
- Has the problem changed in any way since it began? [If yes:] In what way?

2. Have you done anything to treat it?

- [If medicine:] Name? Strength (mg)? Amount? How often? Last dose? Did it help?
- [If other treatment:] What? How often? Did it help?

3. Have you had this problem before? [If yes:]

- When?
- Did you get medical care for it? [If yes:]
  - What was the problem called (diagnosis)?
  - How was it treated?
  - Did the treatment help?
  - Is the problem different this time in any way?



### [Launch Page \(New Problem or Complaint\)](#)

- [Recheck of Problem Treated at Village Clinic](#)
- [Follow-up: After Hospital or Regional Clinic Visit](#)
- [Chronic Care](#)
- [Preventive Care](#)
- [Emergency](#)
- [Emergency Childbirth](#)
- [Child and Teen](#)
- [Elders](#)
- [Eye](#)
- [Ear](#)
- [Mouth and Teeth](#)
- [Respiratory](#)
- [Circulatory](#)
- [Digestive](#)
- [Musculoskeletal](#)
- [Skin and Soft Tissue](#)
- [Urinary](#)
- [Male Reproductive](#)
- [Female Reproductive](#)
- [Pregnancy and Postpartum](#)
- [Nervous System](#)
- [Endocrine](#)
- [Immune System](#)
- [Mental Health](#)
- [Alcohol and Drug Use](#)
- [Other Topics for Patient Care](#)

[Patient Care Visit](#)

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## Respiratory Illness

### COVID-19 Pandemic

- A person may be infected with COVID-19 but have a negative COVID-19 test. Review Information for CHAP: [COVID-19 Testing](#), if needed.
- Give oxygen by nasal cannula if possible; avoid use of blow by or non-rebreather mask to deliver oxygen. Place patient's own face mask or procedure mask over nasal cannula.
- If albuterol is needed, use metered-dose inhaler (MDI) with spacer or mask; avoid use of nebulizer in clinic, if possible. If nebulizer MUST be used, [Airborne Precautions](#) required.

### Do NOT begin here if:

- ▶ Chief complaint is chest pain. Go to [Chest Pain](#).
- ▶ Child younger than 8 years who is breathing very fast, working very hard to breathe, or with Chief complaint of shortness of breath with NO other illness,
  - Go to [Evaluation of Child Younger than 8 years with Medical Emergency](#).
- ▶ If Adult with Chief complaint of shortness of breath with NO other illness,
  - If *severe*, Go to [Severe Shortness of Breath](#).
  - If *mild*, Go to [Mild Shortness of Breath](#).

### Begin Here for a patient with a respiratory illness, such as:

- ▶ Stuffy or runny nose.
- ▶ New loss of taste or smell.
- ▶ Sinus problem.
- ▶ Sore throat.
- ▶ Hoarse voice.
- ▶ Cough, including coughing up blood.
- ▶ Asthma attack with mild shortness of breath.

## ASSESSMENT

1. Use Chart B: **Respiratory Illness** to make an Assessment; then follow its Plan.
  - Also include any **High Risk Health Conditions**.

### Respiratory Chart B: Respiratory Illness

**Note:** "May"= May or May Not

HISTORY	EXAM	ASSESSMENT and PLAN
<p>May have headache. Stuffy or runny nose, sneezing. Ears may feel plugged. May have hoarse voice. Throat: Sore, dry, scratchy, may hurt more with coughing. Mild cough with little or no sputum. Cough may be worse when lying down. Others in family may be sick with same thing.</p>	<p><i>General Appearance:</i> Does <i>not</i> look very sick. <i>Vital Signs:</i> Low fever or no fever. <i>Sinus:</i> May have mild tenderness. <i>Nose:</i> Clear, white or yellow drainage. <i>Throat:</i> May have tiny clear bumps, mucus in back of throat. <i>Chest:</i>No retractions, <i>no</i> high-pitched sound when breathing in (stridor). <i>Breath sounds:</i> Normal, or may have some rhonchi (snoring sounds) that change with cough.</p>	<p><b>Common Cold</b> (Upper Respiratory Infection, URI, head cold. Infection caused by a virus.) <b>Plan:</b> <a href="#">Respiratory_2</a>.</p>
<p>May experience the same symptoms at the same time every year. May have allergies to plants, dust, pollen, animals. May have headache. Watery, itchy eyes. Stuffy or runny nose, sneezing. Sinuses feel full. Ears may feel plugged. Throat irritated, itchy. Mild cough with little or no</p>	<p><i>General Appearance:</i> Does <i>not</i> look sick. <i>Vital Signs:</i> Low fever or no fever. <i>Eyes:</i> May be itchy or watery. <i>Sinus:</i> May be a little tender. <i>Nose:</i> Clear or yellow drainage. Swollen mucous membranes. <i>Throat:</i> May have tiny clear bumps, mucus. <i>Breath sounds:</i> Normal.</p>	<p><b>Allergic Rhinitis</b> (Hay fever; Inflammation of the lining of the nose; caused by allergies.) <b>Plan:</b> <a href="#">Respiratory_3</a>.</p>



## Respiratory 7: **Strep Throat** (Strep pharyngitis, Strep tonsillitis) [Standing Order possible]

Throat infection caused by Group A Streptococcus bacteria.

### 1. Report

- **Report NOW** to your referral doctor if patient:
  - Has any signs of respiratory distress:
    - Looks very sick.
    - Fast pulse and respirations.
    - Very short of breath.
    - Retractions or nasal flaring.
    - Grunting or high-pitched sound (stridor) when breathing.
    - SpO<sub>2</sub> less than 94%.
  - Is drooling or unable to swallow liquids.
  - Is unable to open mouth very much.
  - Is not able to turn neck side to side.
- ALWAYS report, even if you have a current Standing Order for this problem, if patient:
  - Is a child younger than 3 years.
  - Has a rash.
  - Has positive Rapid Strep Test AND symptoms like viral respiratory infection (cough, sneezing, runny nose).
  - Was treated for strep within the past 4 weeks.
  - Had three positive strep tests within one year.
  - Has any [High Risk Health Condition](#).
- *If you do Not have a Standing Order for this problem*, report all patients.
- While waiting to report, review this plan; begin Patient Education.

### 2. Patient Education

- Explain information in next Patient Ed box, [Strep Throat](#).
- Also explain information from Patient Ed box [Respiratory Illness](#).
- [If patient uses tobacco:] Also explain information from [Stopping Tobacco](#).

### 3. Medicine, if ordered by doctor or Standing Order.

- For strep infection in patient 3 years and older:
  - [Penicillin V](#), by mouth.  
**Note:** Liquid Penicillin tastes bad; use Amoxicillin for younger children to make it easier to take.  
**or**
  - [Amoxicillin \(Amoxil®\)](#), by mouth.
  - [Penicillin G Benzathine \(Bicillin LA®\)](#), IM shot.  
**or**, if allergic to Penicillin:
  - Follow regional guidelines for antibiotic choice.
  - [Azithromycin \(Zithromax®\)](#), by mouth.  
**or**
  - [Cephalexin \(Keflex®\)](#), by mouth.
- [If needed for headache, pain, or fever:]
  - [Ibuprofen \(Motrin®\)](#), by mouth.  
**or**
  - [Acetaminophen \(Tylenol®\)](#), by mouth or [Rectal Suppository](#).

### 4. Additional Care

- *If patient has had three positive strep tests within one year, and still has tonsils, ask doctor about referral for possible tonsillectomy.*

### 5. Recheck

- In 3 days if not better, sooner if worse.
- **Recheck Visit**
  - History: [Recheck Visit](#).
    - Also ask if taking fluids OK.
  - Exam:
    - General Appearance.
    - Vital Signs: T, P, R, BP, SpO<sub>2</sub>.
    - Weight, if younger than 3 years.
    - Repeat [Respiratory Illness Exam](#).
  - Patient Education: Review information that applies.
  - Patient is better if:
    - Throat less sore.
    - No trouble swallowing
    - No ear pain or chest pain.
    - No fever.
    - Not losing weight.
  - Report to referral doctor, if not getting better.



# Standing Orders

- Allowed after Session II
- Only for certain Assessments
- CHA/P does not need to report, unless there are specific findings
  - Able to dispense antibiotics, antipyretics without notifying a provider
- Must take and pass a Standing Orders test after each session
- Not all THOs grant Standing Orders





# University Credit

## Alaska Pacific University

- Certificate in Community Health-34 credits
  - CHP F131 Community Health Aide I (8)
  - CHP F132 Community Health Aide II (8)
  - CHP F133 Community Health Aide III (8)
  - CHP F134 Community Health Aide IV (8)
  - CHP F135 Community Health Aide Preceptorship (2)
- Associate of Applied Science-60 credits
  - All of the above (34)
  - Additional group requirements (26)





[About](#)

[Programs](#) ▾

[News](#)

[Events](#)

# Health Aides of Alaska

A workforce of providers serving the health care needs of Alaska Native people in the Alaska Tribal Health System.

▶ [What we do](#)





The Indian Health Service is working closely with our tribal partners to coordinate a comprehensive public health response to both [COVID-19](#) and [monkeypox](#).

- About IHS
- Locations *for Patients*
- for Providers*
- Community Health
- Careers@IHS
- Newsroom

[IHS Home](#) / [Community Health Aide Program Expansion](#)

## Community Health Aide Program Expansion

[Funding Opportunities](#)

[IHS CHAP Expansion Background](#)

[Community Education](#)

[IHS Activities Timeline](#)

[CHAP Tribal Advisory Group](#)

[FAQs](#)

[Contact Us](#)

## Community Health Aide Program Expansion



The Community Health Aide Program (CHAP) is a multidisciplinary system of mid-level behavioral, community, and dental health professionals working alongside licensed providers to offer patients increased access to quality care in rural Alaskan areas. In 2016, The Indian Health Service (IHS) consulted with Tribes on expanding the program, and in 2018, formed the [CHAP Tribal Advisory Group \(CHAP TAG\)](#) to expand CHAP to the lower 48 states.

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# Behavioral Health Aide Program

Xiomara Owens, PhD

[xowens@anthc.org](mailto:xowens@anthc.org)



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.



**BHA**

# We are one

- Learn from those who came before us
- Health Aides are community members
- Common vision with regional expertise and variations in implementation
- Integration is key
- Practical examples that bring the *Standards & Procedures* to life
- Identify and collaborate with diverse partners
- Share knowledge and resources
- **Partnerships. Patience. Persistence.**



# Embrace a challenge

*BHA Needs Assessment Recommendations (2009)*

- Support Behavioral Health Academic Review Committee & CHAP Certification Board
- Improve the continuity of care via a more effective use of Behavioral Health Aides
- Develop and increase access to training and training resources
- Enhance BHA supervision through the use of clinical supervisor orientation training
- Increase the number of Behavioral Health Aides



# Elevate the Workforce

- Promote certification
  - Demonstrate completion of requirements/ competence
  - Individual and organizational knowledge & buy-in
  - CHAPCB involvement
  - Updating *Standards and Procedures*
  - Improve certification processes
  - BH and BHA representation
- Sustainability
  - State-recognized provider
  - Billable services
- Career Development
  - Registered Apprenticeship
  - AAS BHA Degree program
  - Level Up program (stipends & tuition assistance)
- Interprofessional Education & Collaborative Practices



# Training & Training Resources

- BHA Training Center
  - Distance Learning Network
  - APU Blackboard
  - Approved trainer
- BHA Course catalog
- Genius Student Information System
- Behavioral Health Aide Manual (eBHAM)



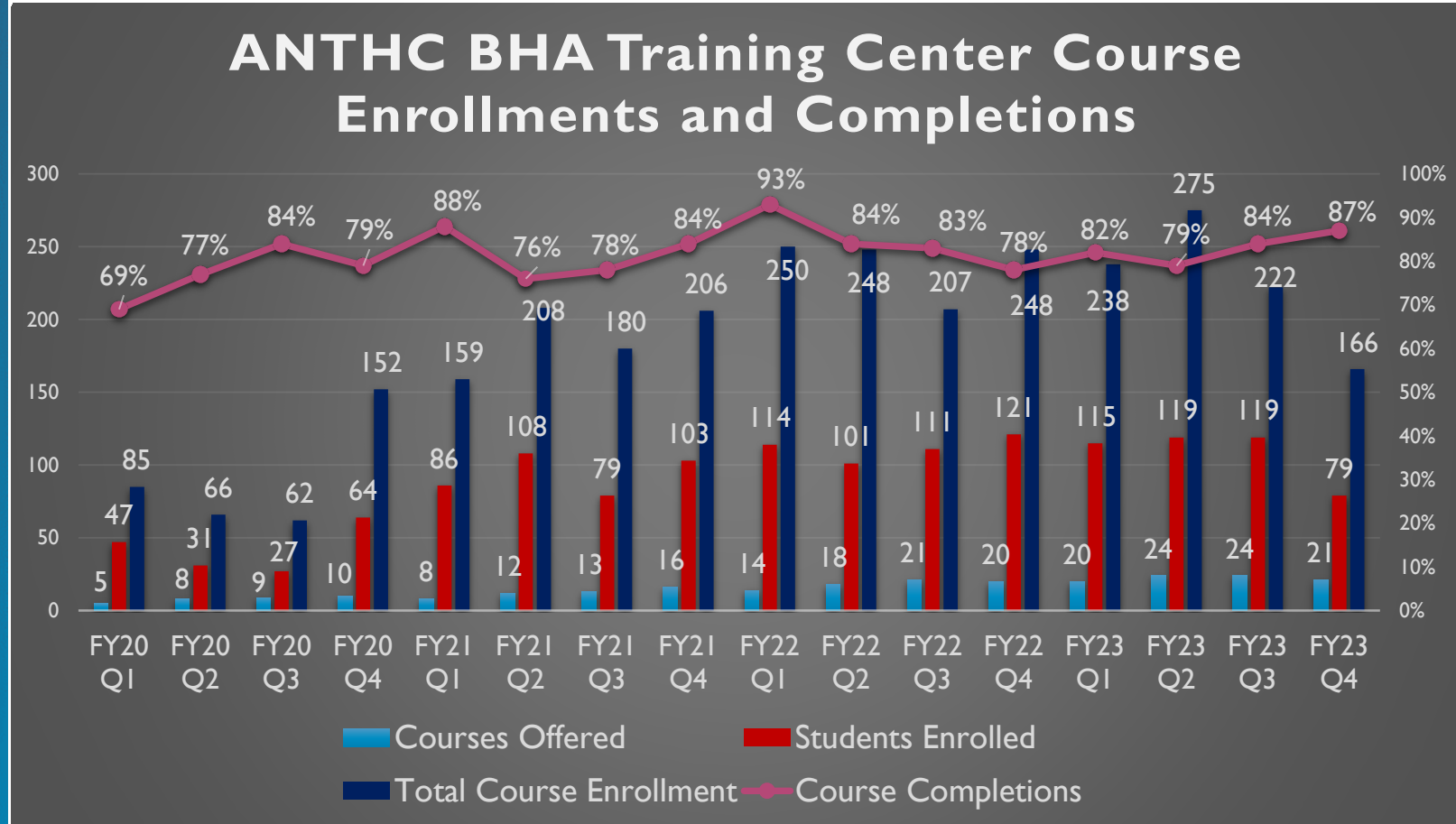
# Orient to the Landscape

- Technical Assistance
- Taking calls
  - Certification requirements overview
- Making calls
  - Direct connections
  - Orientation to system
- Site visits
  - Regional context & vision
  - Program implementation planning
- Supervisor support groups
- Marketing materials
  - Local BHA recruitment, certification overview, community education, client connections
- Centralized website



# More BHAs

- Inform stakeholders about workforce
- Acknowledge local efforts and expertise
- Regularly accessible training
- Understandable & digestible information
- Support program fidelity
- It can be done!
- Celebrate successes





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# Oral Health Promotion

Dr. Sarah Shoffstall-Cone

[sshoffstallcone@anthc.org](mailto:sshoffstallcone@anthc.org)

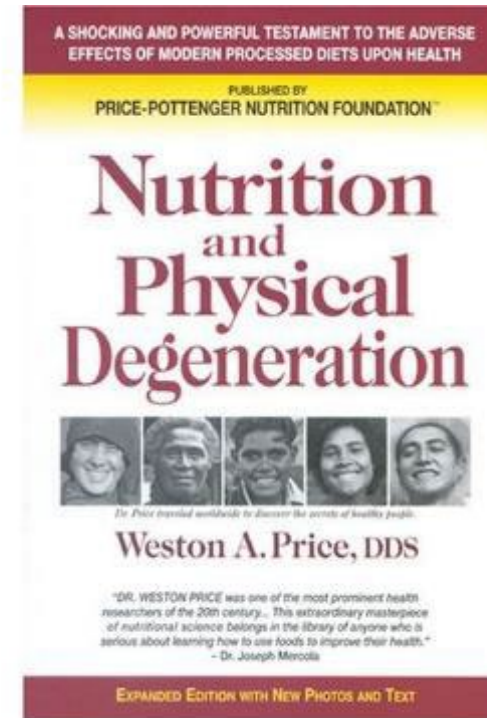
# Connection between ANTHC and New Zealand



# History of Oral Health In Alaska

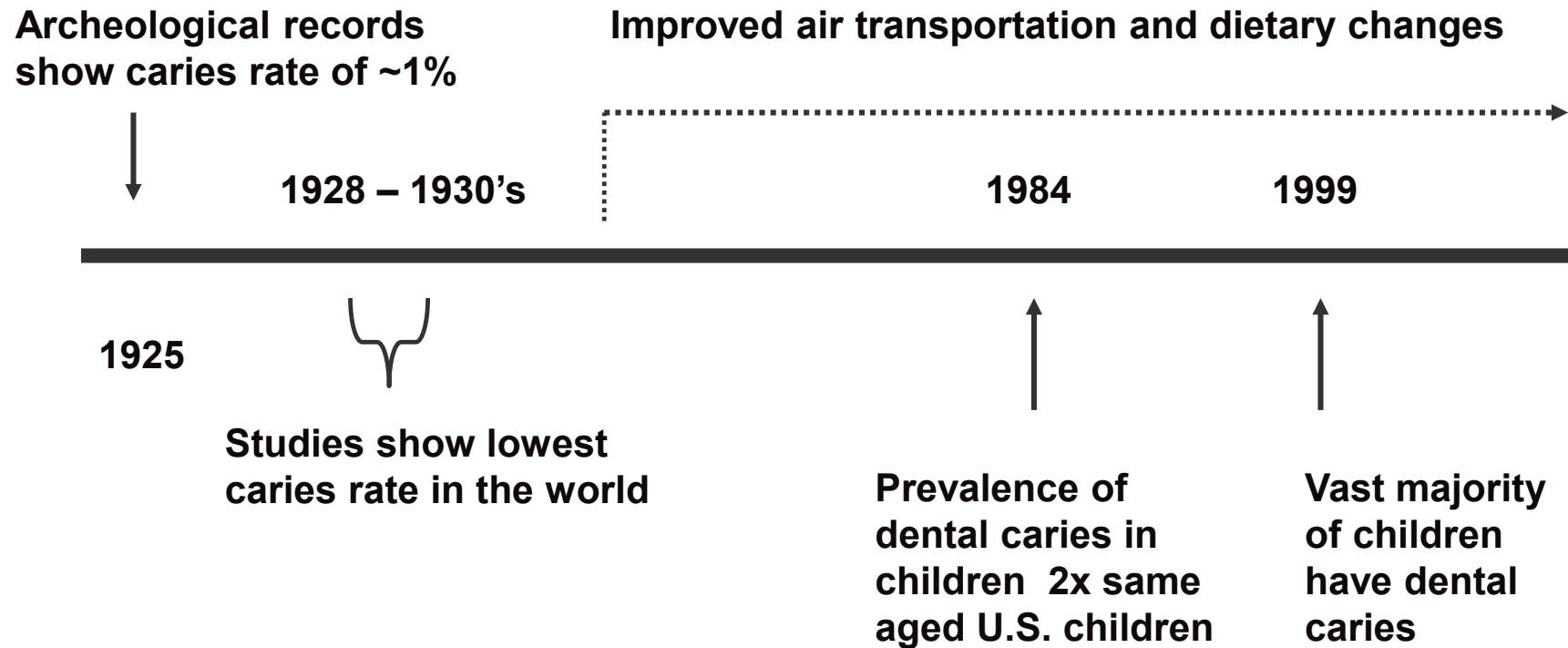


<https://study.com/academy/lesson/yupik-peoples-history-language-tools.html>



Price, WA. 1939. Nutrition and Physical Degeneration. 8<sup>th</sup> ed. Lemon Grove, CA.

# History of Dental Caries in Alaska Native People



Price, WA. 1939. *Nutrition and Physical Degeneration*. 8<sup>th</sup> ed. Lemon Grove, CA

# A Crisis in Alaska: Dental Disease and Access to Care

In 1999 SouthEast Alaska Regional Health Consortium generated a white paper that demonstrated:

- Alaska Native children 2.5 higher caries rate
- High rates of OR referrals
- 25% Vacancy rate
- 30% annual turnover
- Large rural population with few roads



# Types of Dental Health Aides

## 1. Primary Dental Health Aide

- Level I:
  - OHI, Nutritional Counseling, Fluoride
- Level II:
  - Sealants, Atraumatic Restorative Treatment, Prophylaxis, Radiology and Dental Assisting

## 2. Expanded Function Dental Health Aide

- Level I (Prophylaxis or Basic Restorative Function)
- Level II (Advanced Restorative Function)

## 3. Dental Health Aide Hygienist

## 4. Dental Health Aide Therapist/ Practitioner



L to R: Hannah Dobbins (SEARHC), Nadine Long (YKHC), Instructor Trainee Amanda Stein, RDH (SSMH), Jalaya Duarte (SSMH), Sydney Panamarioff (SSMH), Instructor Dr. Todd Smith, Alyssa Bushey (NSHC), Instructor Lisa Cone, RDH, Kirstian Haugen (NSHC), Soren Simeon (YKHC), Kayleigh Bay (ANTHC).

# Dental Health Aide Selection

- Driven by local Tribal Health Organization
- Able to identify what and where there is a need for providers
- Provide sponsorship for students
- Students sign contract to work for them upon completion of their program

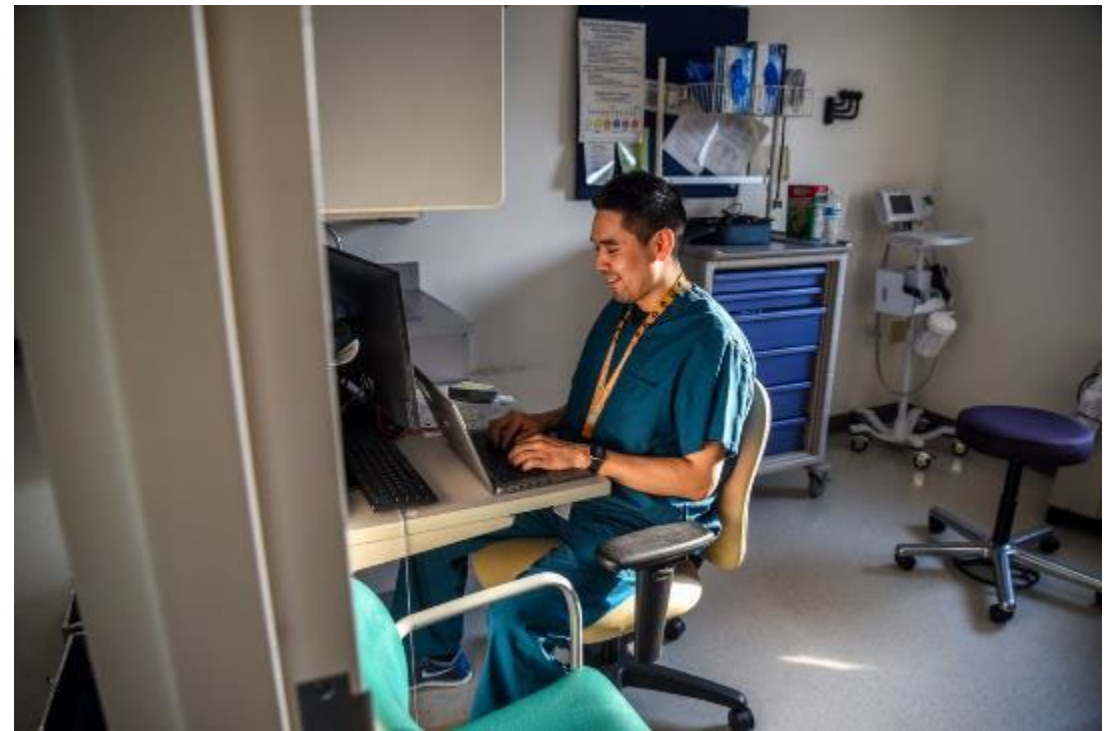


# Education Experiences in Rural Communities



# Evidence on Improving Health Outcomes

- Analysis of 10 years of Medicaid data:
  - More preventive care for both children and adults
  - Fewer dental extractions in both children and adults



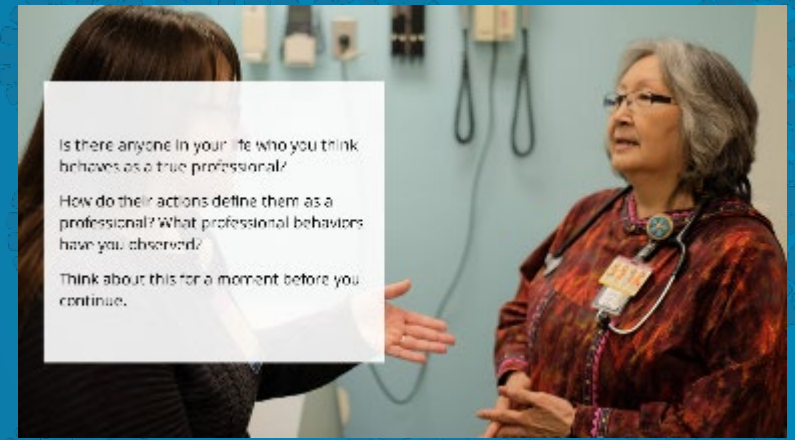
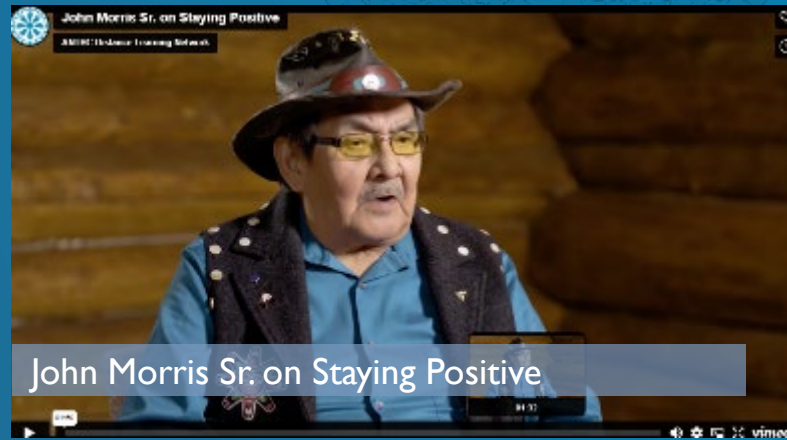


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# Distance Learning Network

Tina Coulston

[tjcoulston@anthc.org](mailto:tjcoulston@anthc.org)



# CULTURALLY RELEVANT COURSE DESIGN

The goal is to enhance student learning by ensuring the course content is relatable and resonates with them.

# CULTURAL REFERENCES



# COMMUNITY HEALTH AIDE COURSES

- 30 Session I/II Courses
- 19 Session IV Courses
- 24 CE Courses
- Ongoing Revisions
- New CE Development
- Faculty Training



## Cold Injuries

### Lesson 1: Overview

Curriculum: May 2022  
Unit 2: Cold Injuries

#### Introduction

Arctic environments by their very nature are cold and harsh. Knowing how to be prepared for cold weather months—whether on water or land, for work or recreation—can mean the difference between life and death.

**NOTE:** Throughout the course you will see references to the Alaska Cold Climate Survival Manual. You can go directly to a link or download the PDF from the resources tab at the course site.



## Salmon Run Clinic

### Lesson 1

Curriculum: May 2022

#### Meet Ellie

Ellie is a 5-year-old girl who struggles to think and by her father. She has trouble remembering her last name for school. She is happy to go to school but she has trouble staying focused. She is happy to go to school but she has trouble staying focused. She is happy to go to school but she has trouble staying focused.



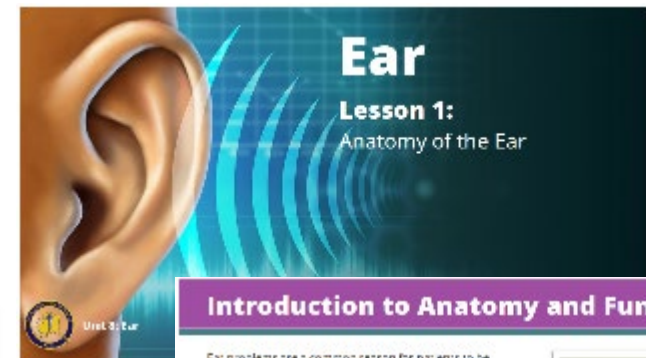
## Mama Bear Clinic

### Lesson 1

Curriculum: May 2022

#### Pregnancy Podcast

Was Fred the father of the Prince of Wales, recently passed in the Medical Minutes Podcast about pregnancy. She called in and says she is not a doctor but she is a mother. She is a mother and she is a mother. She is a mother and she is a mother. She is a mother and she is a mother.



## Ear

### Lesson 1: Anatomy of the Ear

Unit 3: Ear

#### Introduction to Anatomy and Function

Ear problems are common across the lifespan. In the Health Aide, you will learn about ear problems in the elderly, the number of people with hearing loss and ear problems, and how to help them. You will learn about ear problems in the elderly, the number of people with hearing loss and ear problems, and how to help them.

In this lesson you will learn the anatomy and function of the three parts of the ear. Understanding how the ear works will give you a good foundation of knowledge before you begin learning about ear problems.

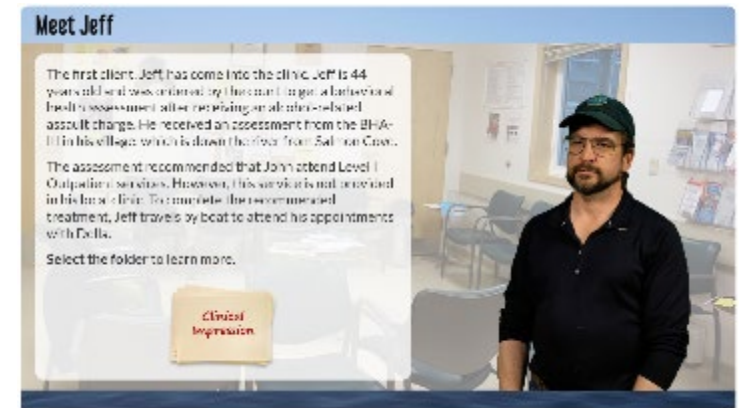


As a first, you see the image through the lens. The eye is asked to find and focus on the subject.



# BEHAVIORAL HEALTH AIDE COURSES

- 40+ online courses
- 200+ job aids
- 100+ video projects
- 400+ interactive course assets



**Generativity**

**Death/Dying**

**Bereavement**

Encourage elders to engage in acts that promote the well-being of younger generations. These activities will allow elders to share their knowledge, wisdom, culture, and language.



# DENTAL HEALTH AIDE TRAINING

- Faculty Calibration Modules
- Student Manuals (next phase)
- Other upcoming projects



## INTRODUCTION

### PATIENT PRESENTATION MODULE

This case presentation is an overview of early introduction to a patient presentation and a patient presentation required for every patient encounter.

The course is designed to be used by the instructor when the patient presentation is not available for use in the classroom. It is designed to be used by the student to learn the basic concepts of patient presentation.

The student is expected to be able to follow the guidelines.

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## CARIES: Diagnosis, Risk, and Treatment Planning

## Diagnosis: RADIOGRAPHIC EVALUATION

When radiographic images are used to evaluate a tooth, the image is called a radiograph. Early lesions are not visible, according to the degree of advancement. A slight radiolucency in the outer half of the enamel is called a "Leigh" or class I D1. Further advancement is called a "D2" or class II. A "D3" has an extension of the radiolucency into the dentin.

Early Lesion      Cavitated Lesion

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

## CASE FIVE: Questions One to Six

Tooth	No lesion	Early lesion	Cavitated lesion
3			
4			
5			
14			
15			
30			

Diagnose each radiograph with either No Lesion, Early Lesion, or Cavitated Lesion by selecting the appropriate bubble from the question choice.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



## Selective Caries Removal

Doing one or more steps of the process in the correct order.

1. Soften the caries by using a soft curettage for removal. Hand file to be used.
2. Remove soft carious tissue.
3. Place silver ion restorations.
4. Clean and treat dentin in proximity of lesion.

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## Quiz Results

YOUR SCORE: 0%

Review      Retake

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# TRAINING AND EDUCATION CLOSER TO HOME



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Online Health Aide curriculum benefits include:

- Reduced wait times for training
- Increased interest in Health Aide careers
- More time spent with family and community
- More on-the-job learning
- Access to supplemental materials anytime anywhere

**D**



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TRIBAL HEALTH  
CONSORTIUM

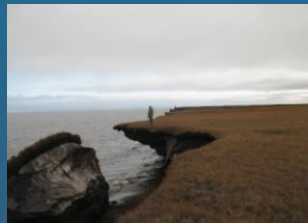
# Environmental Health and Engineering



Francine Moreno, Director of Rural Utility Management Services



# Healthy Homes and Communities



# Alaska Native People are the Healthiest People in the World

Prevention – access to sanitation services within communities

How?

- Serve the unserved
- Sustain the served



# Why?

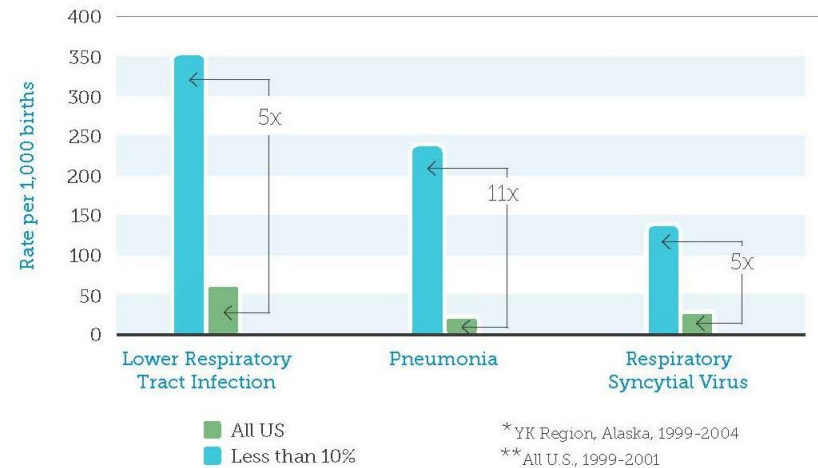
Alaska has 2,300+ homes across 30+ remote communities lacking in-home plumbing.

- The lowest rate of in-home plumbing in the nation.
- Having in-home water and sewer makes hand washing and healthy hygiene practices easier, which have been shown to reduce illness.
- Infants in villages with limited water service have 5 times more hospitalizations for respiratory infection and 11 times more hospitalizations for pneumonia than the overall U.S. population.



## Hospitalization rates

for infants in villages with less than 10% of homes with water service\*, compared with U.S. infants\*\*



# Sanitation Facilities

## Serving the Unserved

- Community Water and Sewer Systems
  - First time service
  - Aging infrastructure
- Solid Waste
- Individual Systems
  - Wells and septic systems
  - Service lines



# Sanitation Facilities Delivery

## Methods:

- In-House Teams
- Contracts

## Workforce:

- Force Account Construction
- Apprenticeship Program



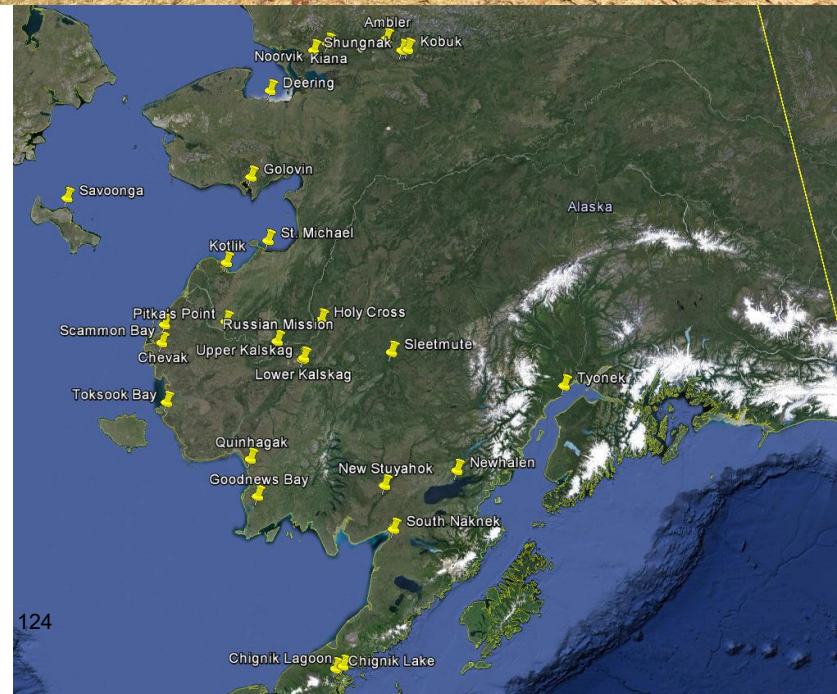
# Efforts to Sustain the Served

- Alaska Rural Utility Collaborative (ARUC)
- Tribal Utility Support (TUS)
- Rural Energy Program
- Remote Monitoring
- Virtual Operator Training



# Alaska Rural Utility Collaborative (ARUC)

- 26 communities
- Expanding by adding 30 additional communities
- Voluntary membership - Advisory Committee driven
- Sustainable rates and budgets
- Cash reserves for emergencies and replacement parts
- Bulk purchasing lowers costs, economies of scale
- Increased operator retention, benefits and pay
- Operator exchange program – supporting each other



# Tribal Utility Support (TUS)

## Technical Assistance for Operators

- Capacity development/training
- Emergency response
- Operation & maintenance manuals
- Small projects, repairs, upgrades, retrofits
- Technical assistance for operators

## Remote Monitoring Installations

- System alerts – eliminates disasters
- Energy use monitoring saves money
- 144 communities will have RM by end of 2025



# Rural Energy Program

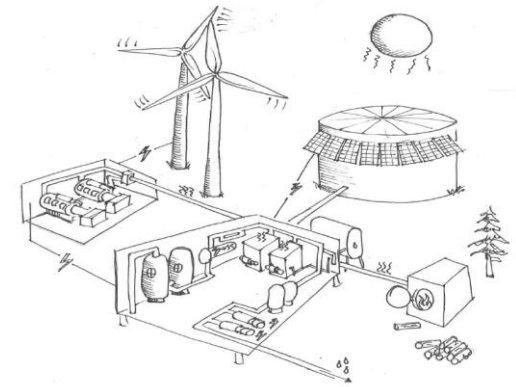
**Challenge:** Energy costs for water/wastewater in rural AK are high: 60–260 times national average.

High energy costs = Unaffordable systems:

- 56% of AK communities have a “high cost burden” for water/wastewater
- Little money available for system maintenance, jeopardizing *billions* in infrastructure

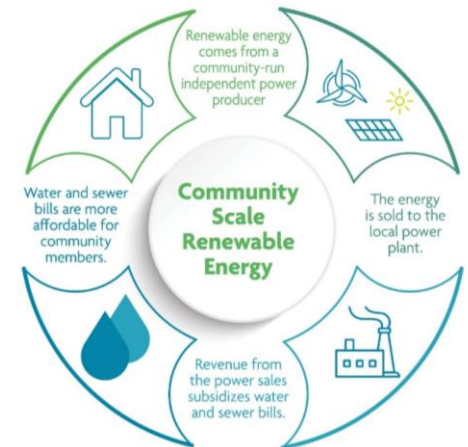
**Solution:** Develop and implement clean energy projects, including:

- Energy efficiency
- Heat recovery
- Biomass
- Wind-to-heat
- Solar PV
- Community scale renewable energy
- Other Renewables



## Energy Program Impacts:

- Program began in 2011
- \$4.9M ongoing annual savings (2023)
- \$37.6M cumulative savings in (2023)
- Total homes in 86 served communities: 7,745
- Annual energy savings per family: **\$609**<sub>126</sub>



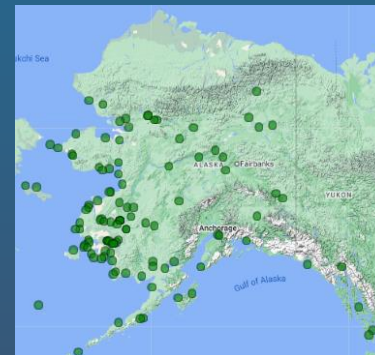
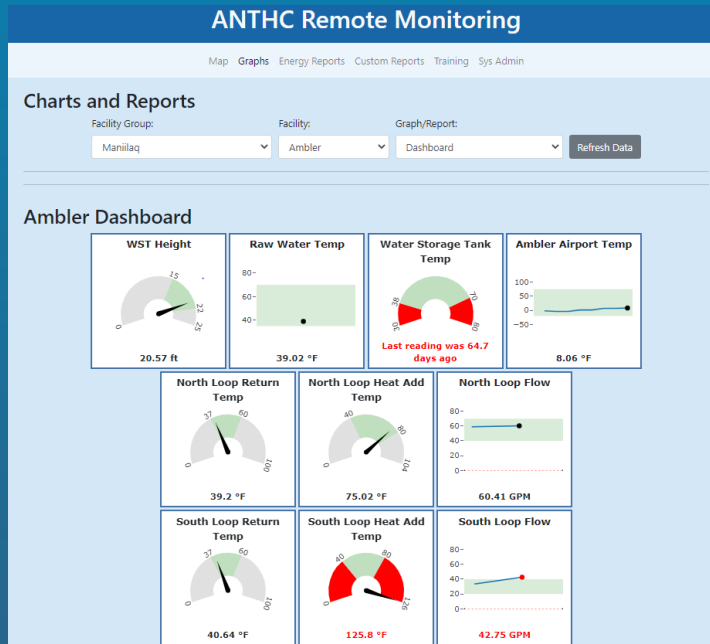
# Remote Monitoring

Primary goal: Protect water/wastewater infrastructure.

- Web-based dashboards: <https://anthc.bmon.org/map/>
- Automated text/email alerts to operators, regional maintenance workers
- Identifies inefficient energy use, so it can be corrected quickly, saving energy costs

Status:

- 123 systems installed
- Goal all rural communities by 2025



# Virtual Operator Certification Training

Tribal Water Center (TWC) began providing virtual Water Plant Operator Certification training in 2020

- 2022/2023 training season:
  - - 7 free trainings
  - - 114 students
  - - 42 communities
  - - 68% of students successfully passed
- Since 2020, the program has hosted 273 students and has a pass rate of 78%
- Students are proctored while taking their relevant State of Alaska Certification exams within their community at the conclusion of each course





# Build, Sustain, Way of Life

# Questions?



## **Vision**

Alaska Native people are the healthiest people in the world.

## **Mission**

Optimizing health and well-being through collaborative partnerships and services.

**E**



Jackie Qataliña Schaeffer,  
Director of Climate Initiatives  
[jdschaeffer@anthc.org](mailto:jdschaeffer@anthc.org)

Art by: Antony Galbraith



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

# Climate Initiatives

- Advocate for Climate Equity
- Support:
  - Center for Climate & Health
  - Center for Environmentally Threatened Communities



# Climate Initiatives



# Center for Environmentally Threatened Communities CETC



# Center for Climate and Health CCH

Jackie Qatalina Schaeffer, Director

Max Neale, Program Manager

Sarah Yoder, Program Manager

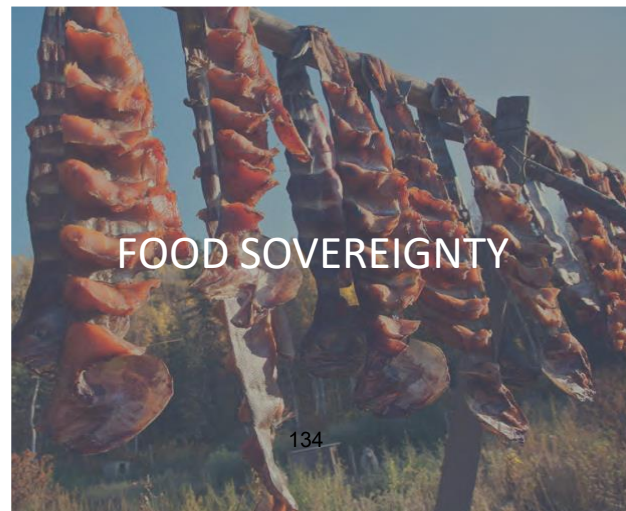
Climate Initiatives Program coordinates activities across ANTHC to support the Alaska Tribal Health System in finding healthy ways to adapt to our changing world. CIP assesses the unique community environment and assists in planning for adaptation, mitigation, relocation and future climate-related initiatives.

144 Alaska communities face infrastructure damage from erosion, flooding, and permafrost degradation. CETC supports communities to protect-in-place, retreat, and relocate to new community sites.

CCH mission is to increase understanding and raise awareness about the connections between climate change and community health. A further goal is to identify adaptive strategies that support health and wellness.

- Risk Assessments
- Planning
- Community Development
- Funding Acquisition
- Project Management
- Building Capacity

- APU Partnership
- One Health Group
- Northern Climate Observer Newsletter
- LEO Network





## Alaskan Diversity:

- 11 Distinct Cultures
- 229 Federal Tribes
- 20+ Recognized Languages
- 200+ Dialects
- 32 Ecological Regions
- 5 Major Climate Zones





# Climate impacts to Housing & Food



# Climate impacts to Culture and Wellness

[Climate Change](#) | [Weather](#) | [Western](#)

## Typhoon Merbok spotlights Alaska's need for science and climate-resilient infrastructure

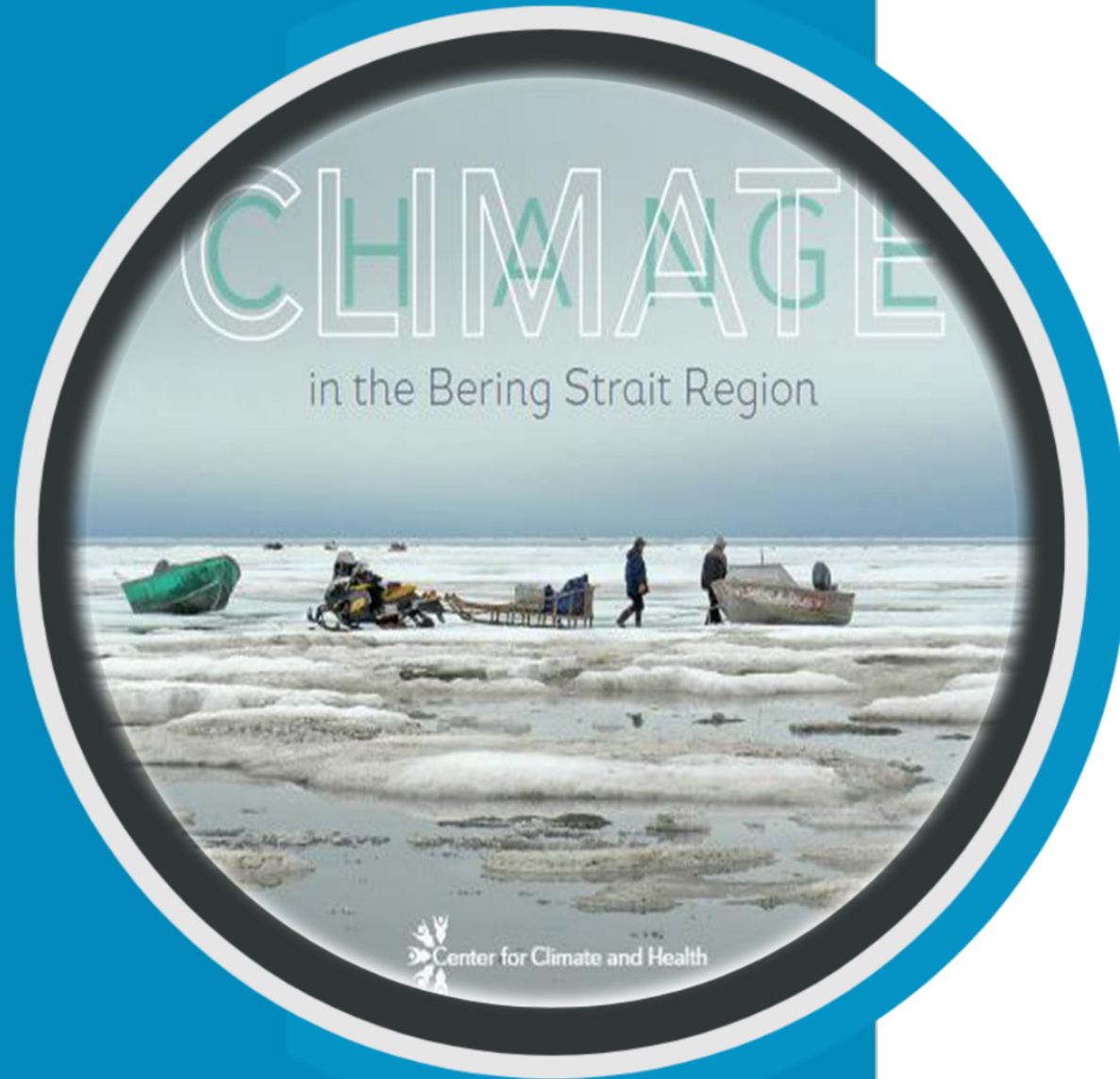
September 28, 2022 by Yereth Rosen, Alaska Beacon

A fish camp in the Nome area, seen on Sept. 24, shows damages wreaked by the remnants of Typhoon Merbok. The day before, President Biden declared a major disaster for a vast stretch of western Alaska that had been slammed with high winds and floods caused by the remnants of that typhoon. Federal Emergency Management Agency Administrator Deanne Criswell, Rep. Mary Peltola and Sen. Lisa Murkowski were among the officials who surveyed the damages in and around Nome. (Photo by Jeremy Edwards/FEMA)



“FEMA and other federal agencies may see this as a shack, but I know that that building is a fish camp. It represents culture, family, connectivity to the land, subsistence livelihoods, and it has great value beyond just the replacement costs.” Lisa Murkowski personal communications Sept. 29<sup>th</sup>, 2022

# Center for Climate and Health



# What is One Health?

**Framework** that captures the **relationship** between human, animals, and the environment

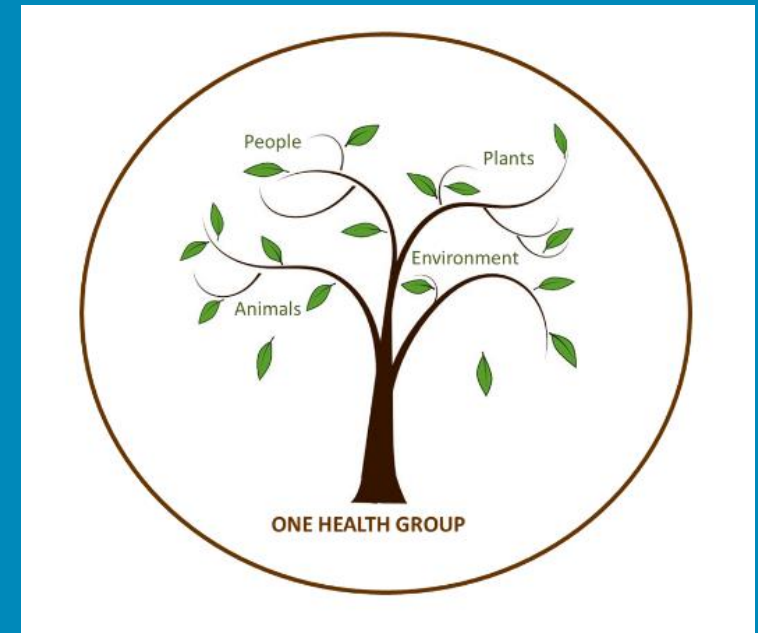
**System** to identify emerging threats and facilitate a coordinated response between community, public health, and wildlife health agencies



# What is One Health?

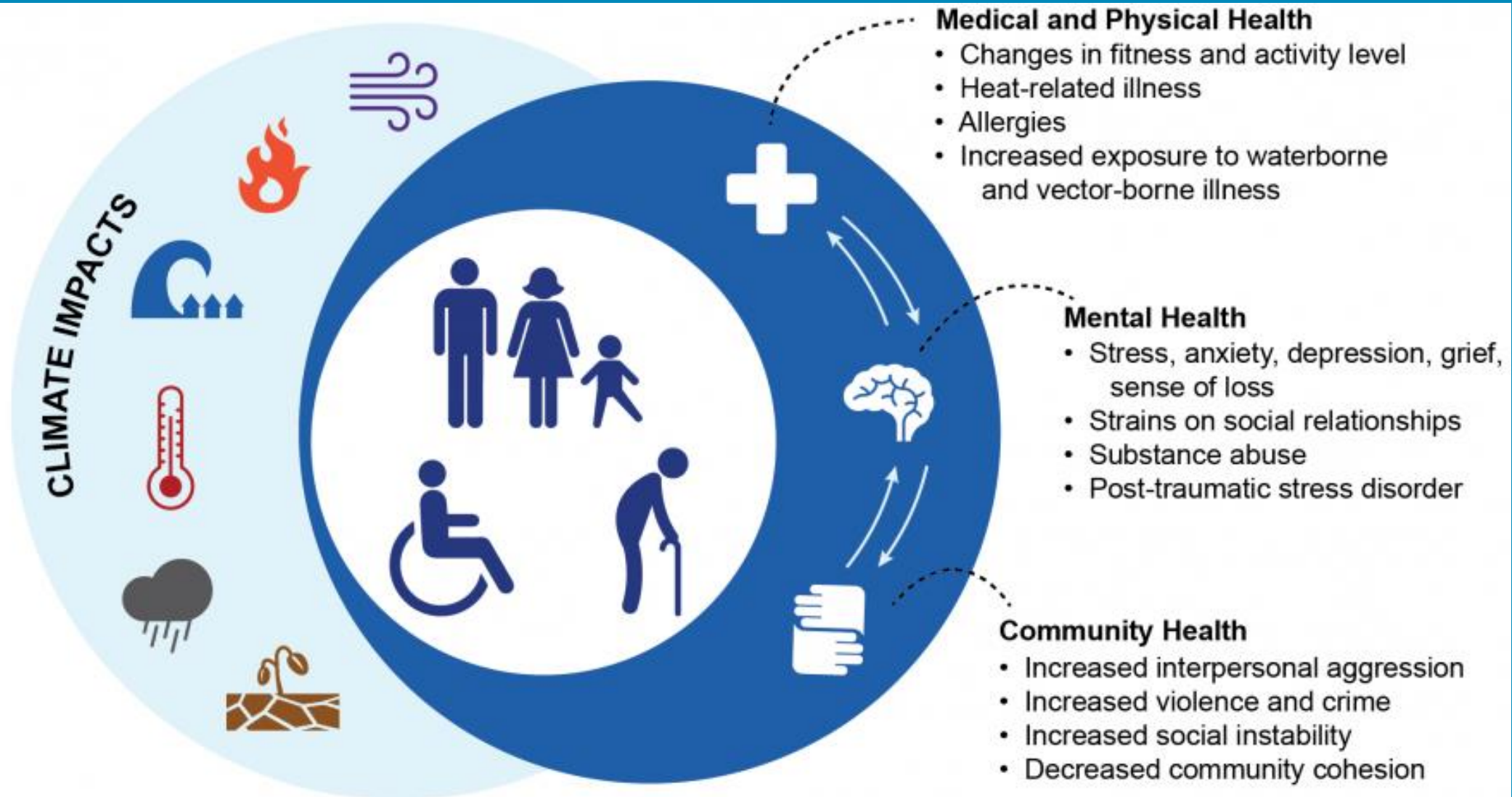
**Collaboration** between subsistence hunters, environmental managers, public health, veterinary medicine, wildlife scientists, emergency response, etc.

**Comprehensive** response when events occur to ensure that people have actionable information about complex concerns, such as safety related to food and subsistence harvest and food consumption



# One Health and Climate Change





# Identifying health effects of climate change in Alaska

The image features a central map of Alaska divided into 145 regions, each color-coded in shades of blue and cyan. Surrounding the map are various health effect categories, each with a representative image:

- Allergic Reactions:** Image of a yellow and black wasp.
- Mental Health:** Image of three children playing in shallow water.
- Travel Safety:** Image of a person in a small boat on the water.
- Waterborne Disease:** Image of a green, multi-segmented microorganism.
- Food Spoilage:** Image of a person in a white protective suit handling items in a cold storage environment.
- Food Confidence:** Image of a close-up of a dog's face.
- Vessel Safety:** Image of a red fishing vessel on the water.
- Nutrition:** Image of a hand holding several dark red berries.
- Allergies:** Image of a yellow flower head.
- Infrastructure Damage:** Image of a damaged wooden structure.
- Food Security:** Image of several bright orange salmon.
- Harmful Algae:** Image of dark blue/black mussels.
- Ice Hazards:** Image of a person carrying a long object across a snowy or icy surface.
- Wildfires:** Image of a forest fire with tall flames.

Labels on the map include: North Slope, Northwest Arctic, Yukon-Koyukuk, Nome, Fairbanks-North Star, Southeast Fairbanks, Denali, Matanuska-Susitna, Anchorage, Valdez-Cordova, Wade Hampton, Bethel, Kenai Peninsula, Kodiak Island, Dillingham, Bristol Bay, Lake and Peninsula, Alutians East, Alutians West, Haines, Skagway-Hoonah-Angoon (pt.), Juneau, Wrangell-Petersburg, Skagway-Hoonah-Angoon (pt.), Sitka, Prince of Wales Outer Ketchikan, and Ketchikan Gateway.

# Center for Environmentally Threatened Communities

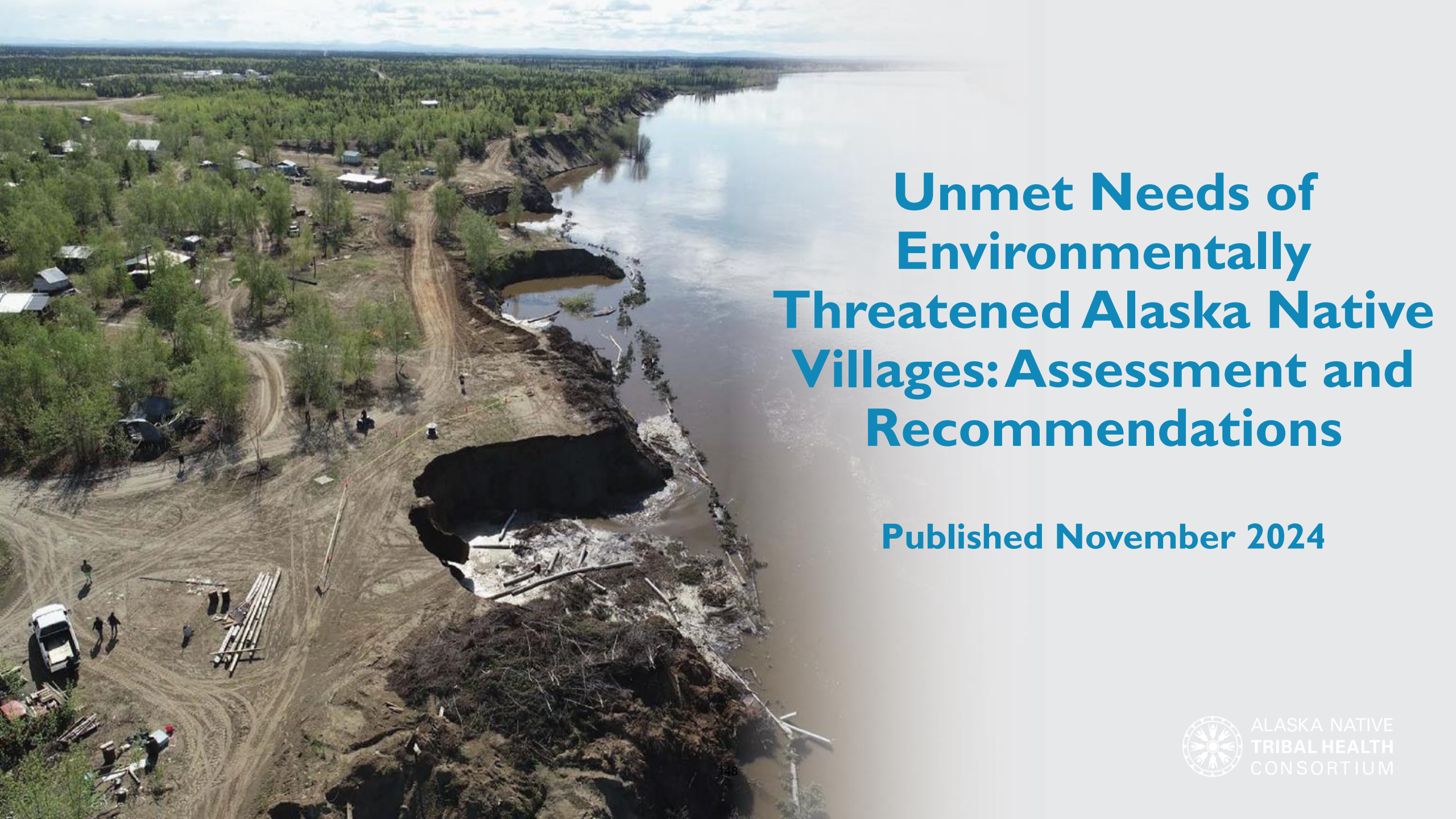
- Climate Risk Assessments
- Community Planning and Project Development
- Grant Writing and Management
- Contracting Services



## Geographic Comparison Map

The state of Alaska compared to the continental U.S. showing the geographic range of 144 environmentally threatened communities, and examples of some of the environmental threats impacting these communities.





# Unmet Needs of Environmentally Threatened Alaska Native Villages: Assessment and Recommendations

Published November 2024



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

# Inequitable Delivery of National Climate Change Resources and Services

Cities

Towns

Alaska Native Villages



## RISK ASSESSMENT



- Collect baseline data on erosion, flood, and permafrost thaw using community-based observations and scientific data
- Erosion, flood, and permafrost modeling and engineering analyses
- Data compiled into risk assessment report for review by community members and leaders

### RESULT

Community understanding of risk

## PLANNING



- Community solutions to mitigate risk are developed based on technical feasibility, and benefits and costs of actions
- Community decides to protect-in-place, retreat or relocate, and prioritizes related actions, resources, and timelines
- Community develops Hazard Mitigation Plan (HMP) and resilience/adaptation plan with prioritization of fundable projects

### RESULT

Written plan summarizing hazards and priority projects to reduce risk

## IMPLEMENTATION



- Community drives project design
- Community acquires and manages project funding
- Community manages construction project implementation by working with local or outside project management contractors
- Construction using local workforce

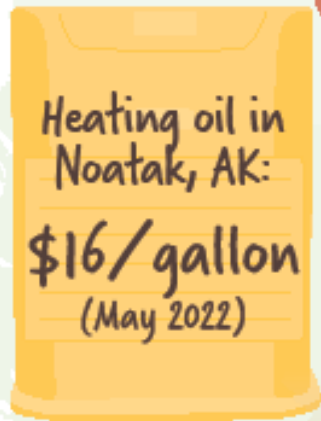
### RESULT

Reduced risk to environmental threats

# Current Rural Alaska by the Numbers



60% of Alaska communities are not connected to the road system



The average population of communities in rural Alaska

Of the 144 environmentally threatened communities facing infrastructure impacts from erosion, flooding and permafrost thaw, 95% are economically disadvantaged.

# Current Trends and Impacts

## TRENDS

- ▲ **INCREASED PRECIPITATION**  
More frequent and severe precipitation events can cause flooding and erosion
- ▲ **INCREASED WIND SPEEDS**  
High wind speeds can amplify the impact of storms
- ▲ **RISING AIR TEMPERATURES**  
Warming air temperature lead to permafrost thaw and the loss of sea ice
- ▼ **LOSS OF SEA ICE**  
Barrier sea ice buffers the coastline from severe storms
- ▲ **SEA LEVEL RISE**  
Rising sea level contributes to coastal flooding and erosion

**FLOODING**

**PERMAFROST THAW**

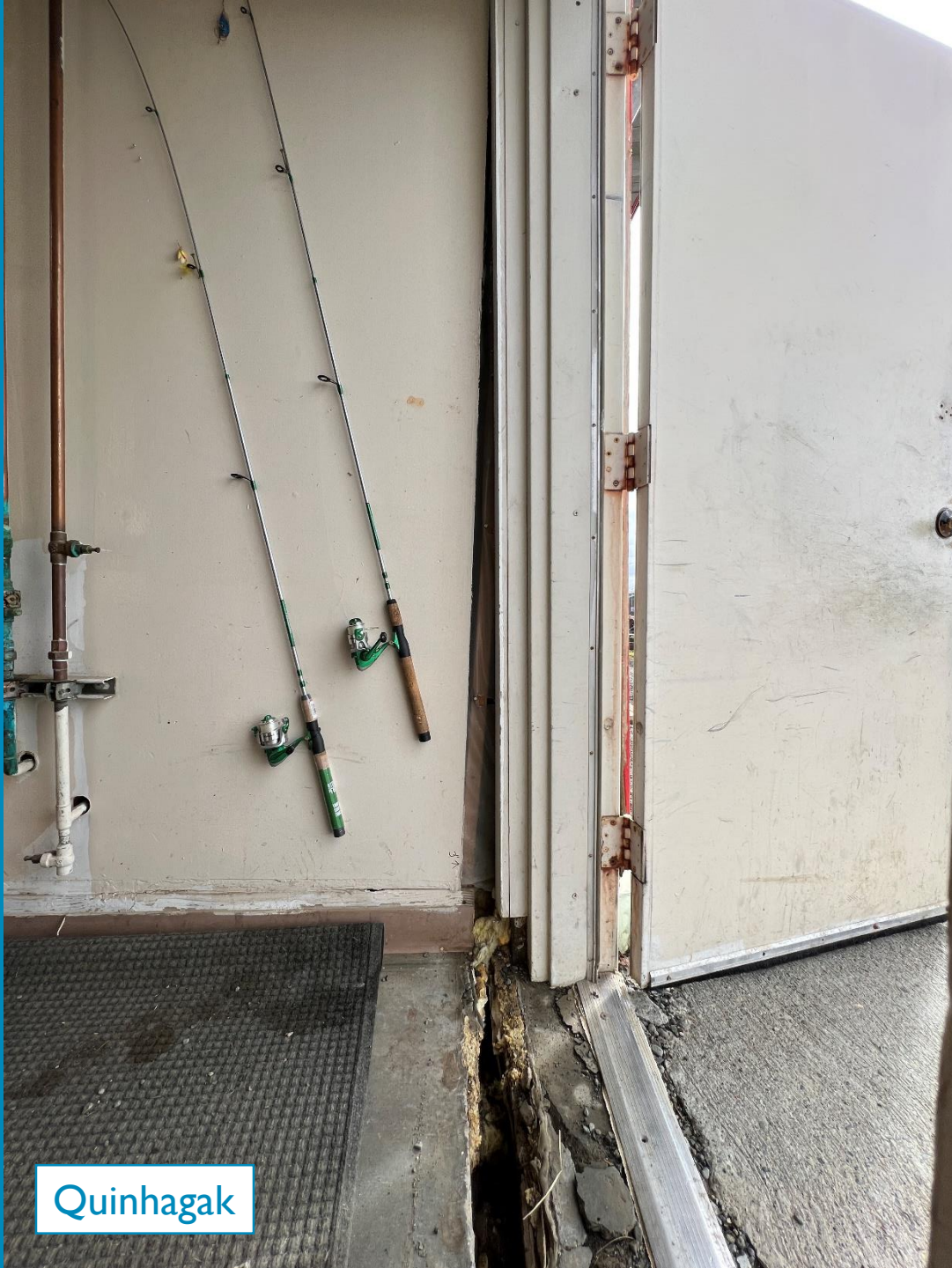
**EROSION**

# Community Impacts









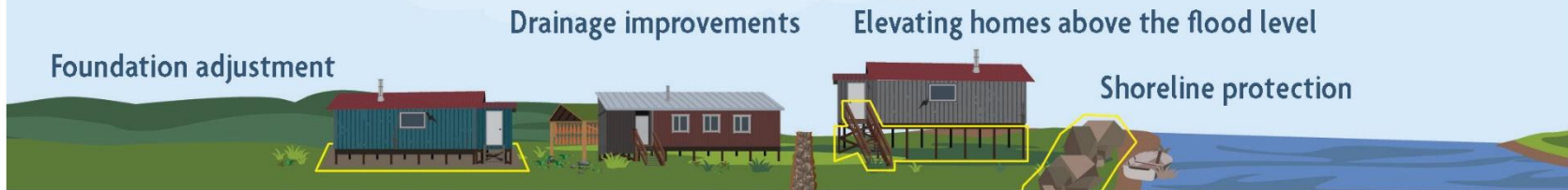
Quinhagak





## Protection-in-place

These use of shoreline protection measures and other controls to prevent or minimize impacts.



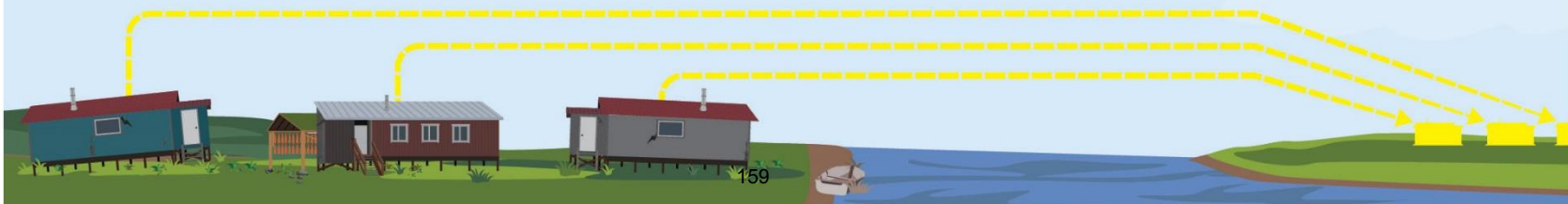
## Managed Retreat

Moving a portion of the community away from hazard prone areas to locations nearby or adjacent to the current site. In order to successfully retreat, a community needs developable land nearby.



## Relocation

Moving the entire community to a new location that is not connected to the current site. Relocation is the option of last resort.





# Lack of Technical Assistance

**“Technical assistance has informed most of the recent decisions Shaktoolik has made to address coastal flooding and erosion. We would not be where we are today without a lot of outside support.”**

**- Genevieve Rock, Native Village of Shaktoolik**

Finding new ways to  
respond

# How does climate change affect people?



<https://creativecommons.org/licenses/by-sa/3.0/>

## Wilson Justin, Athabaskan Elder

“Climate change started at contact. Colonization was the initiation of an imbalanced relationship with the environment.” (Personal Communication, 2018)

Slide provided by Meda DeWitt

# Climate Grief and Solastalgia are Psychological Trauma



Trauma destroys the social systems of care, protection, and meaning that support human life. **The recovery process requires the reconstruction of these systems.** The essential features of psychological trauma are disempowerment and disconnection from others. The recovery process therefore is based upon empowerment of the survivor and restoration of relationships.

HERMAN, J.L. (1998), Recovery from psychological trauma.

# Climate Response: Community Relocation of Newtok



## Newtok Village Relocation:

- Erosion and Permafrost Melt
- School being washed into river
- New location across river
- Community Support
- Introducing traditional practices

Giving communities hope, along with support.



# Climate Response: Adaptation Plan in Oscarville

Giving communities hope, along with support.



*Pektayinata = We are Resilient*  
Oscarville Tribal Climate Adaptation Plan  
Oscarville Traditional Village, Oscarville, Alaska



Oscarville Adaptation Plan:

- Listen to Elders
- Use their language
- Tell their story
- Bridge with Science
- Invite new ways to plan



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My heartfelt gratitude to the people of Oscarville for opening your hearts and sharing your stories. You have forever impacted my life. A big thank you to Princess Lucaj Johnson and the staff at CCHRC, who contributed to this effort.

**RE-design the Framework  
Yupik Drum: "Cauyaq"**

**Frame never Ending :: Holistic**  
**Skin stretched Tight :: Foundation**  
**Woven in Strength :: Resilient**  
**Bound to Sustain :: Sustainable**

**Holistic :: Value-based Mindset**  
**Foundation :: Indigenous Wisdom**  
**Resilient :: Space In-between**  
**Sustainable :: 7 Generations Deep**

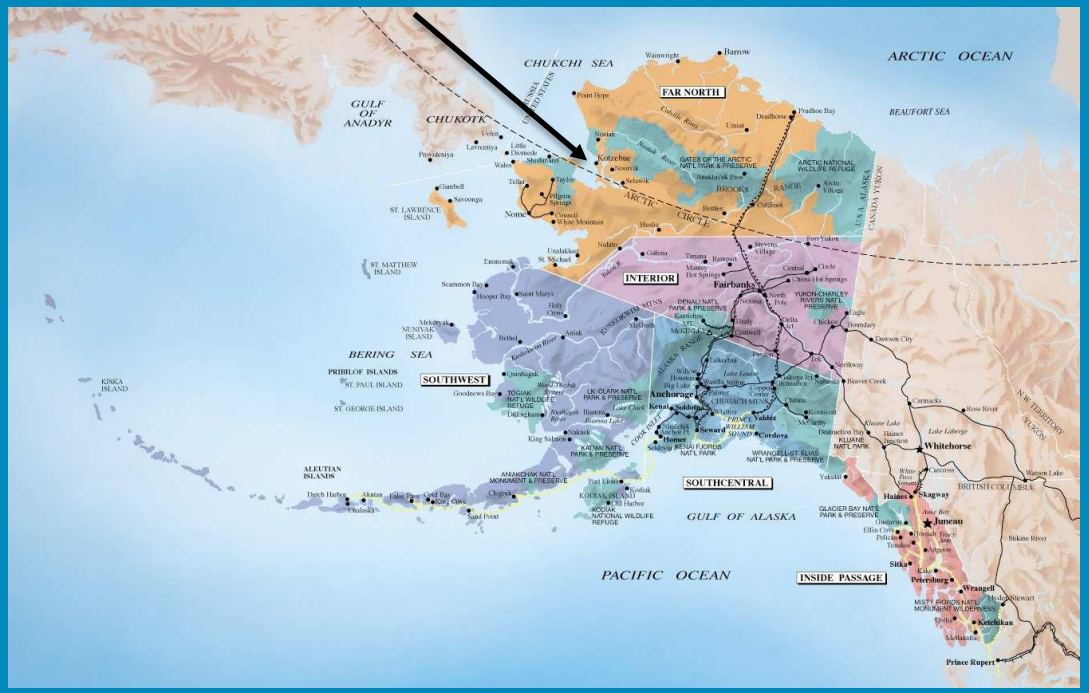


Drum photo courtesy of Phoebe Apperson Hearst Museum of Anthropology, University of California, Berkeley 2.458B

Oscarville Plan, 2019

Continue to find new ways to  
adapt, adjust and become  
resilient, just as our ancestors  
did.

# My Climate Story:



## Qikiqtagruq (Kotzebue) Northwest Arctic

# Climate Impacts in my Lifetime:

Kotzebue, 1950's



Photo: Cronobook, 2024

Kotzebue, 1960's



Photo: Ebay, 2024

Kotzebue, 2000's



Photo: Dennis Witmer

# Kotzebue Seawall Today



Photo: ADN



# Cultural Values :: 500 Generations Deep



## Cultural Traditions : Medicinal Plants



## Sustainable Stewardship of the land, air and sea:

- Values honor & respect all living beings
- Not living on the planet, but with the planet
- Interconnectivity and balance
- Experts of their environment
- No waste approach – give and take are in balance

## Convergence Research:

- Full understanding of the people living in the Arctic – at least an acknowledgement of them
- Indigenous People are the informants/experts
- Co-production of Knowledge (SEARCH)  
<https://searcharcticsscience.org/>
- New space for New outcomes
- Research informs and assists local communities, not just academia



Indigenous mindset :: Western mindset

**F**

# Emergency Preparedness

James Benzschawel  
Program Manager



Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Avalanche												
Economic												
Erosion (coastal or riverine)												
Extreme Cold Weather												
Critical Facility Damage*												
Fall Sea Storm												
Fuel Emergency												
Ice Jam Flood												
Landslide/mudslide												
Power/Generator Problems												
Summer Storm/Flood												
Utility Freeze up Damage												
Wildfire												
Windstorm												
Winter Storm/Flood												

**Notes.** Monthly distribution based on the incident periods for over 240 state and federally declared disasters, non-declared events managed solely by the community with or without other agency assistance, and denied requests for assistance since 1978. Building fires, earthquakes, volcanic eruptions, and tsunamis can happen at any time. Ship accidents, harbor and bridge damage, and other technological events happen infrequently with no clear pattern and little or no warning.

\* Caused by natural disaster







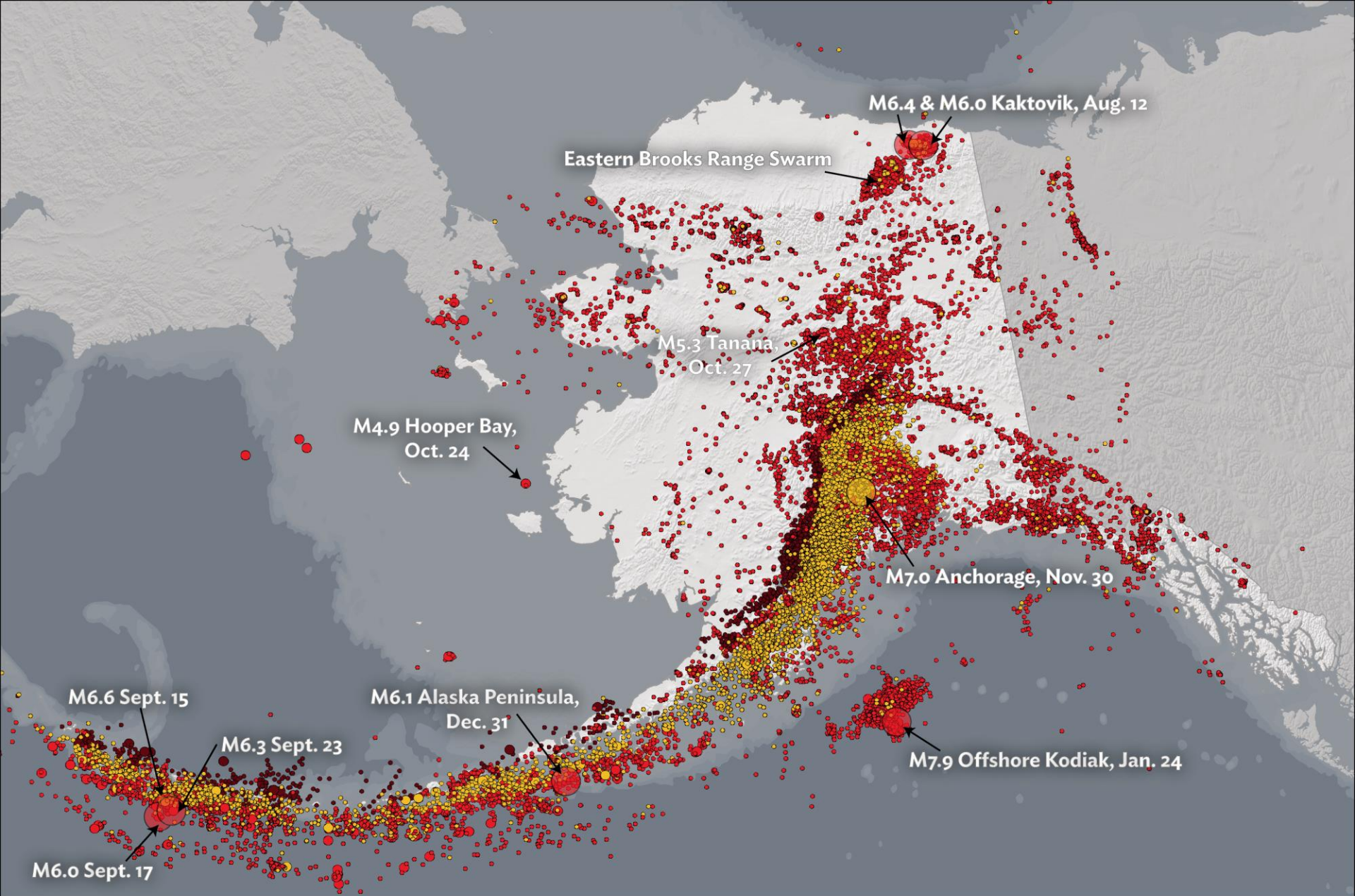
Galena, Alaska  
May 2013



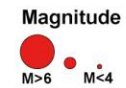
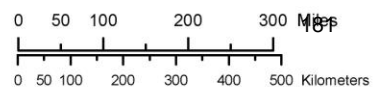


7.1 Anchorage Earthquake  
November 2018





# 2018 Seismicity



# Strong Fall Sea Storms

SAFFIR-SIMPSON HURRICANE SCALE				
Category	Sustained Winds (mph)	Storm Surge	Central Pressure	Potential Damage
1	74-95	4-5 ft.	980 mb	Minimal
2	96-110	6-8 ft.	965-979 mb	Moderate
3	111-130	9-12 ft.	945-964 mb	Extensive
4	131-155	13-18 ft.	920-944 mb	Extreme
5	>155	>18 ft.	<920 mb	Catastrophic

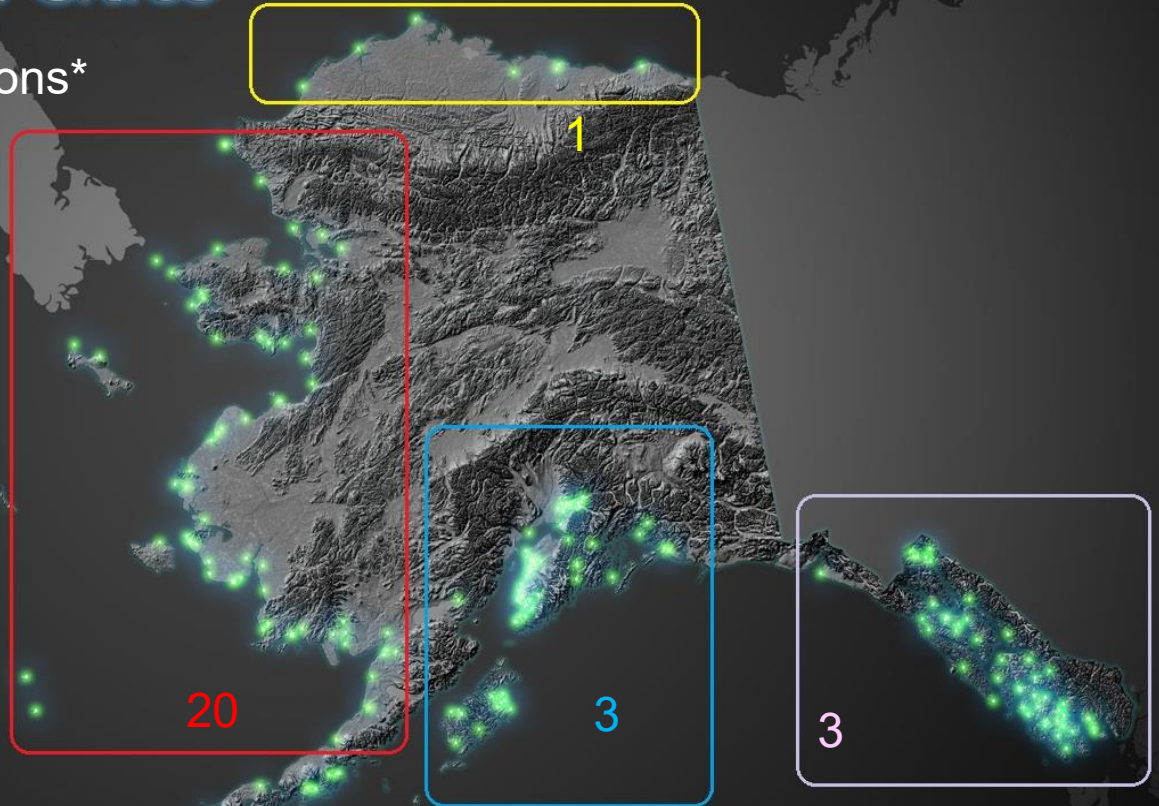
# Coastal Storm Disasters

## Alaskan Coastal Cities

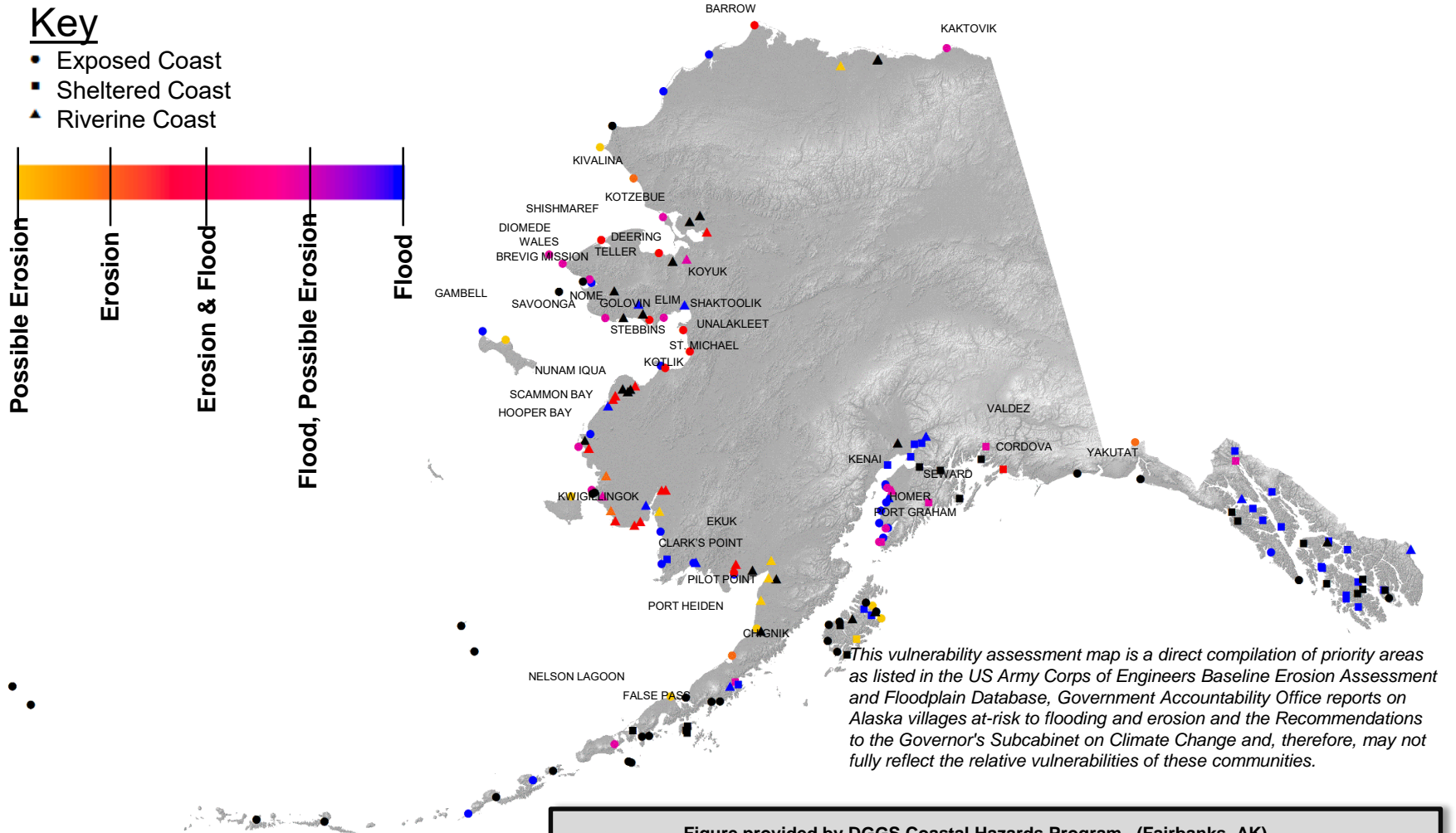

State Disaster Declarations\*  
Coastal Storms  
1978-2013

### Update

- 81 different communities have reported emergencies or disasters
- 3 Fed/4 state declarations since Jan 2014



# Alaska Coastal Populations Vulnerable to Flooding and Erosion

**Figure provided by DGGs Coastal Hazards Program (Fairbanks, AK)**  
 For questions, please contact:  
 Nicole Kinsman, Program Manager - [nicole.kinsman@alaska.gov](mailto:nicole.kinsman@alaska.gov) or 907-451-5026

Visit us online and find additional resources at:  
<http://www.dggs.alaska.gov/coast>

184

# Storm Surge impacts to Infrastructure

Kotlik 2013



Diomedede 2011



Kotzebue 2019



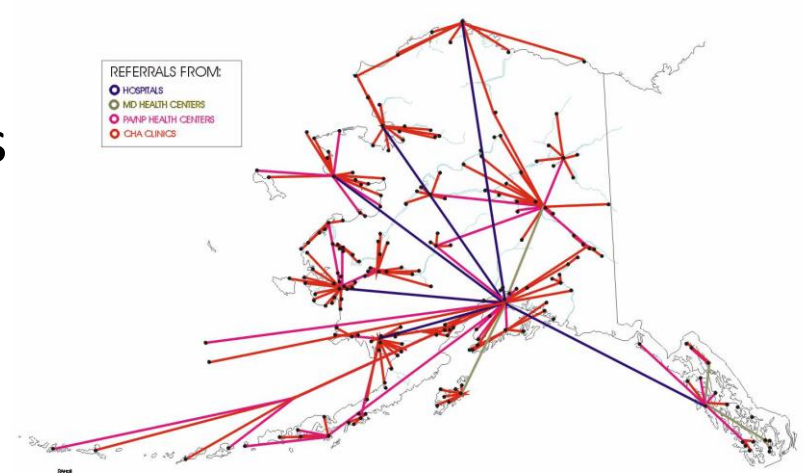
Golovin 2015



# Work alongside Tribal Health Organizations

## ✓ Healthcare:

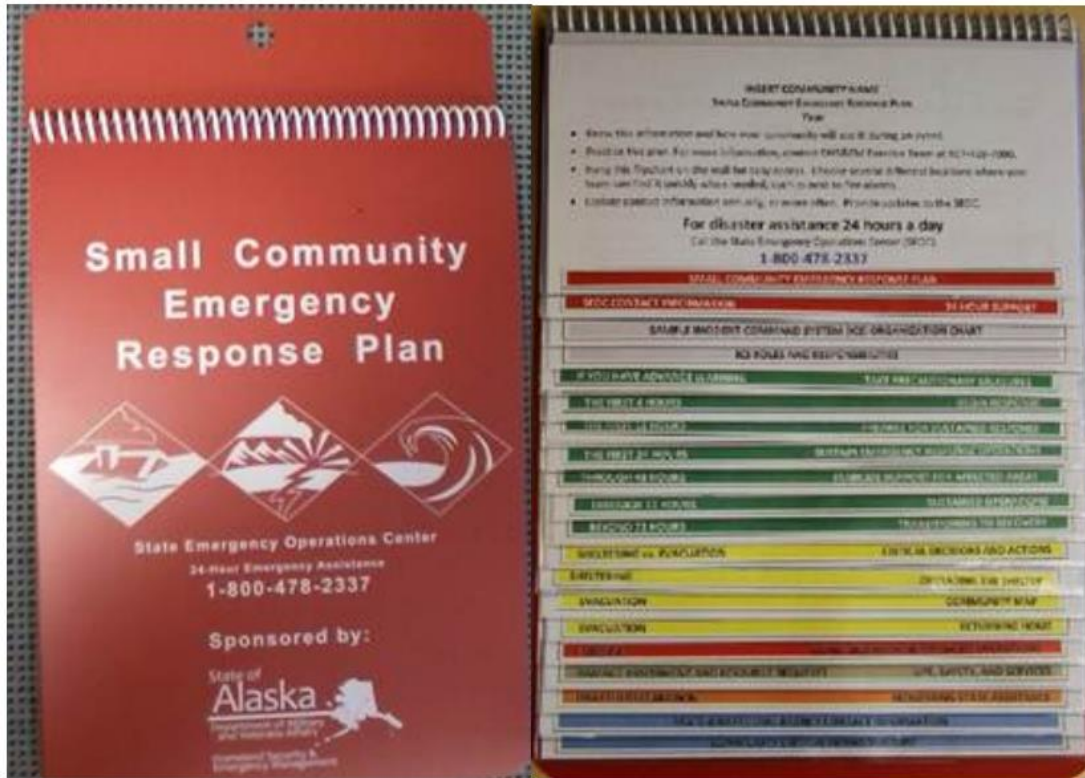
- Tribal Critical Access Hospitals
- Local clinics
- Regional Public Health Clinics



## ✓ Support to compromised infrastructure

- Remote Maintenance Workers
- Tribal Utility Services @ ANTHC
- Environmental Health

# Technical Planning Assistance

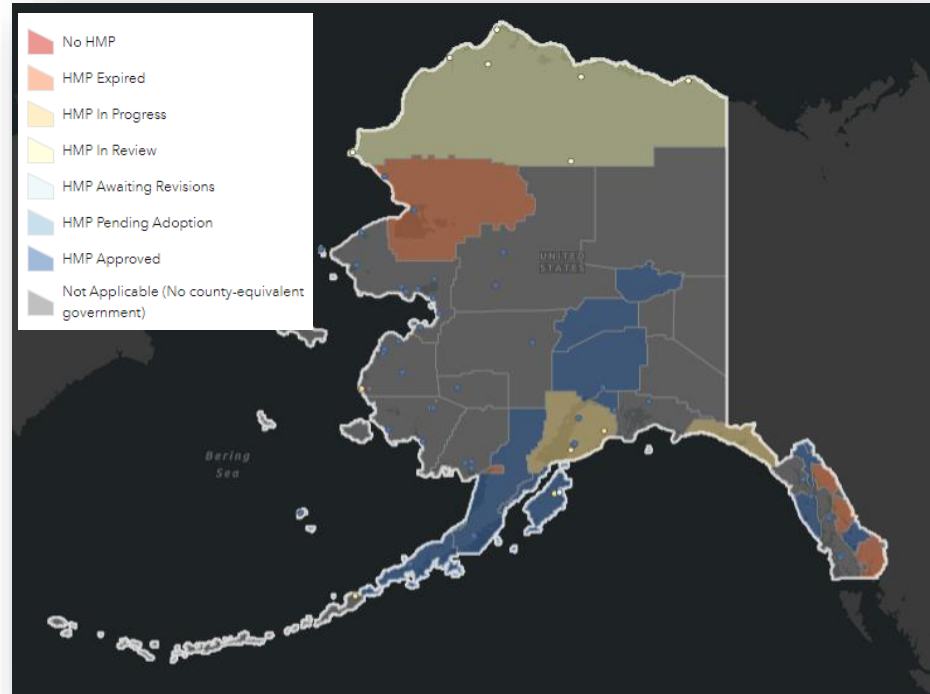


- Small Community Emergency Response Plans (**SCERPs**)
- Hazard Mitigation Plans (**HMPs**)
- Hospital Emergency Operations Plans (**EOPs**)
- Point of Dispensing (**POD**) planning

# Hazard Mitigation Plans in Alaska

- 1 State of Alaska plan
- 119 local and tribal plans
  - 184 jurisdictions
    - 95 tribes
    - 89 cities and boroughs
- 47 Tribal plans
- 29 Local plans
- 39 Multi-jurisdictional plans, 48 tribes, 65 cities and boroughs

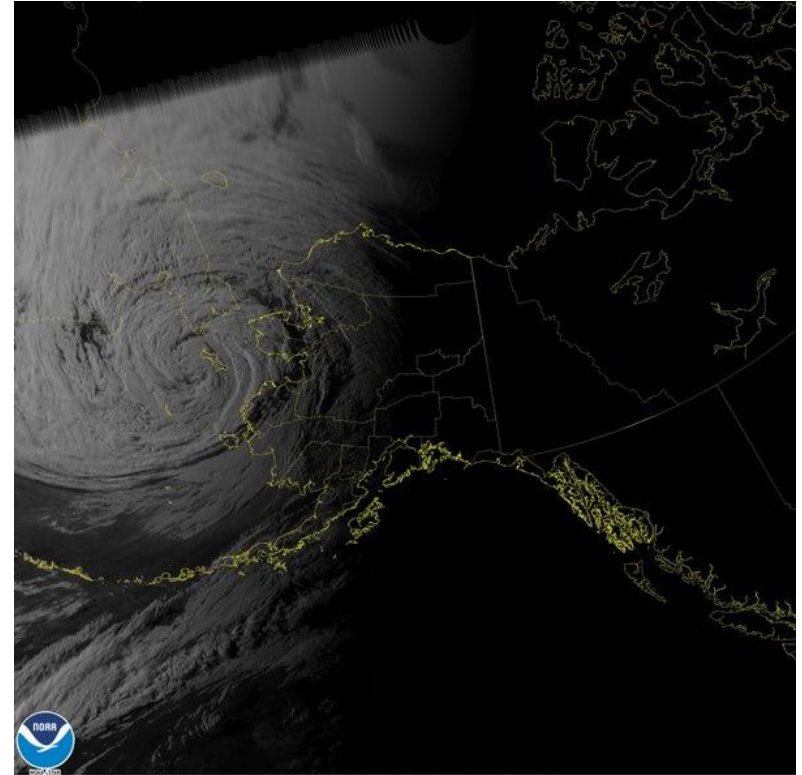
*Includes plans with the status of approved, in progress, approvable pending adoption (APA), in review, and awaiting revisions (March 17, 2024).*



*Plan status numbers change frequently. Mapped data does not show the location or status for THMPs (February 2024).*

# Support during Emergencies

- THO Liaison in State Emergency Operations Center
- Disaster declarations & Tribal-direct support
- Provide access to and coordination for Medical Countermeasures in the Strategic National Stockpile
- Augment & support hospital or community Incident Management Teams



Typhoon Merbok  
September 17, 2022

G

# Community Environment & Health (CEH) Overview

## Mission, Milestones, Major Activities

Mike Brubaker, Director



Nikolski, Alaska

**Role:** Minimizing health risks in the built and natural environment.

**Mission:** Working through the tribal health system to achieve healthy community environments.

**Motto:** Safe, Healthy, Sustainable Communities

# What do healthy communities look like?



*Appropriate and safe and effective infrastructure*



*Capable operators, health, safety and environmental professionals*



*Food security and sovereignty*



*Clean air and healthy homes*



ALASKA NATIVE  
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CONSORTIUM



*The resilience and self sufficiency to respond to a changing world.*

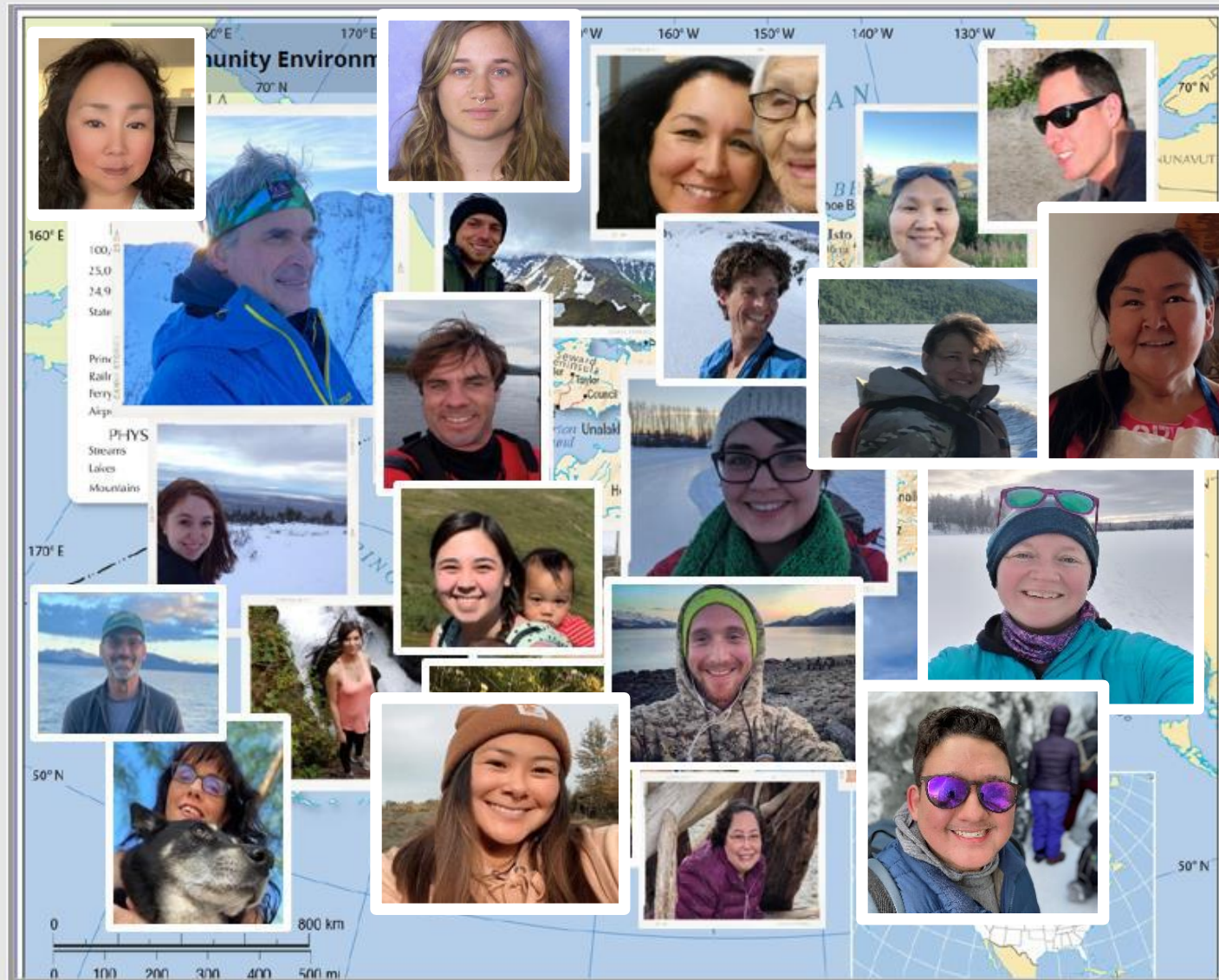


*Safe and abundant water and effective systems*

# What are our overarching goals?

1. Identify and address deficiencies in health infrastructure.
2. Improve capacity through outreach, training or technology.
3. Improve community or organization safety or resilience.
4. Provide funding or resources to support local or regional programs.
5. Provide support in responding to an emergency or disaster.

# Who is CEH?



# Who do we work with?

- Regional Environmental Health Departments
  - Remote Maintenance Workers
    - Emergency Managers
    - Community Health Aides
  - Water Plant Operators and Utility Managers
- Tribal Environmental Managers (IGAP, Brownfields)
  - VPSOs and Search and Rescue
- Community Resilience Coordinators and Planners (BIA, NOAA)
  - Natural Resource and Traditional Food Coordinators

# What are our major program areas?

Training

Technical Assistance

Site Assessments

Disaster Response Support

Local Projects and Planning

Tribal Project Funding

Data management



**Air Quality and Healthy Homes**  
Working with local government and residents to achieve healthy air quality and home and health facility environments through education, surveys, and capacity building.  
*Contact: Andrew Willman*



**Contamination Support**  
Working with communities to identify and address Brownfields and other contaminated sites and related concerns.  
*Contact: Bailey Richards*



**Tribal Capacity & Training**  
Building capacity to enhance local environmental management with a focus on Tribal environmental professionals and related programs.  
*Contact: Oxcenia O'Domin*



**Emergency Preparedness**  
Supporting preparedness and response of the Alaska Tribal Health System to natural and manmade disasters.  
*Contact: James Benzschawel*



**Environmental Health Services**  
Working with Tribal partners on local environmental health services including health facility surveys, pet health, and technical assistance.  
*Contact: Brian Berube*



**Climate Initiatives Program –**  
Working with community partners to find healthy ways to adapt to our changing environment. .  
*Contact: Jackie Schaeffer*

Statewide Facilitation

Health Facility Surveys

Assessments

Tribal Program Funding

Conference Coordination

Threat Surveillance

# Environmental Health for Alaska - Some Milestones



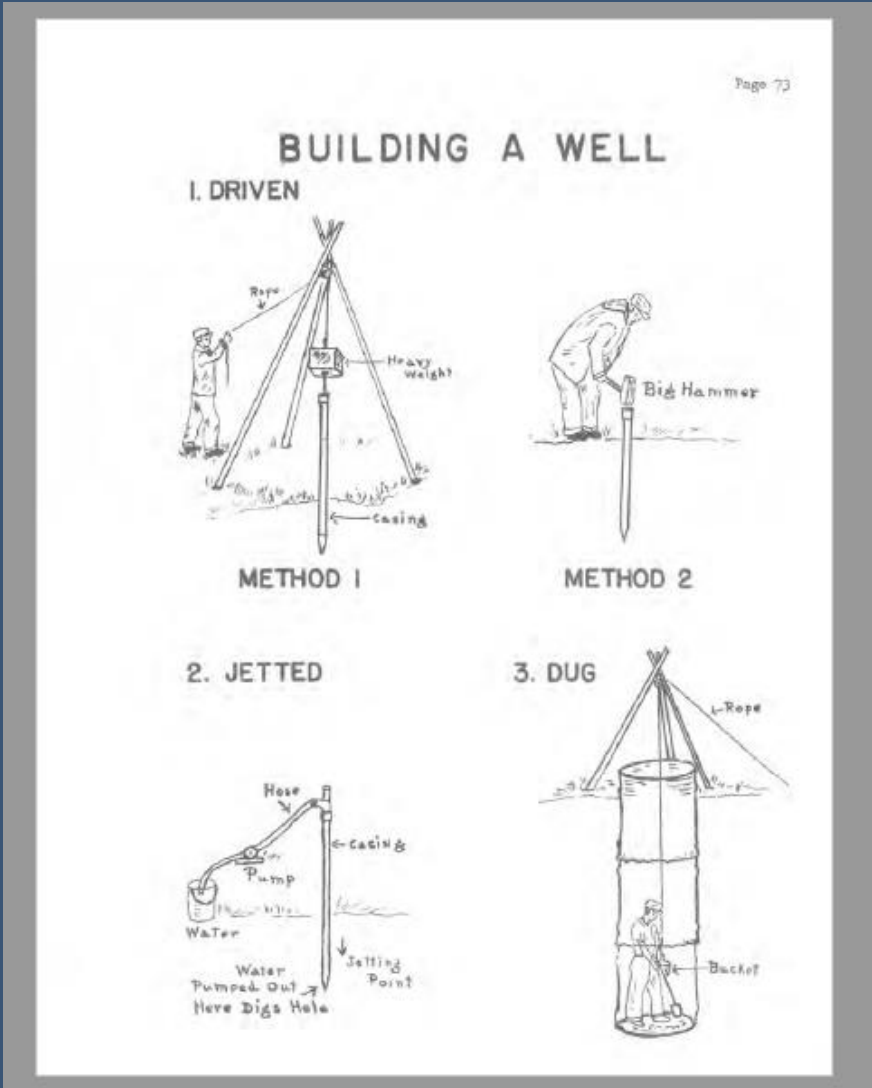
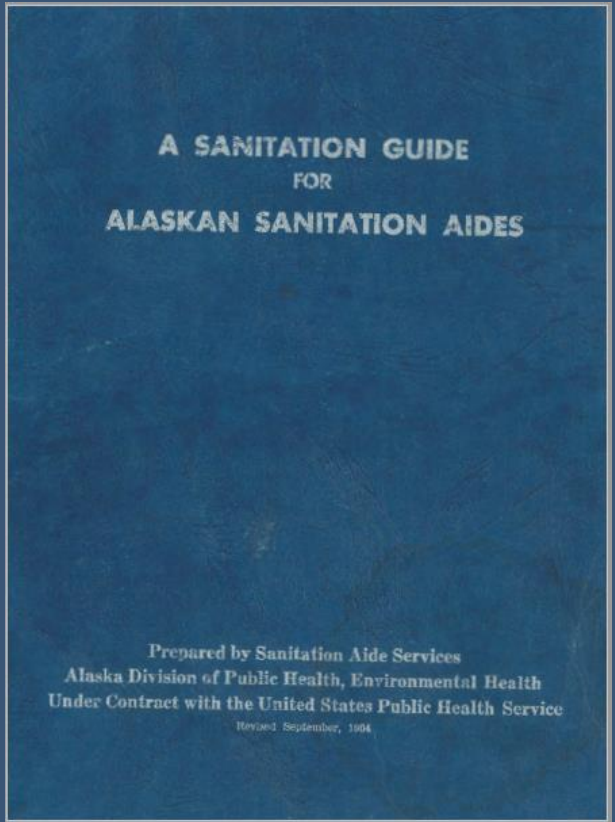


Anchorage Museum of History & Art. Library & Archives.

In 1953, the 400-bed Anchorage Medical Center of the Alaska Native Service opened primarily to treat tuberculosis.



At the time most Alaska Native communities did not have engineered sanitation systems.



In 1964 Environmental Health Services Program Publishes *Sanitation Guide for Alaskan Sanitation Aides*.

In 1992 Indian General Assistance Program (IGAP) established.



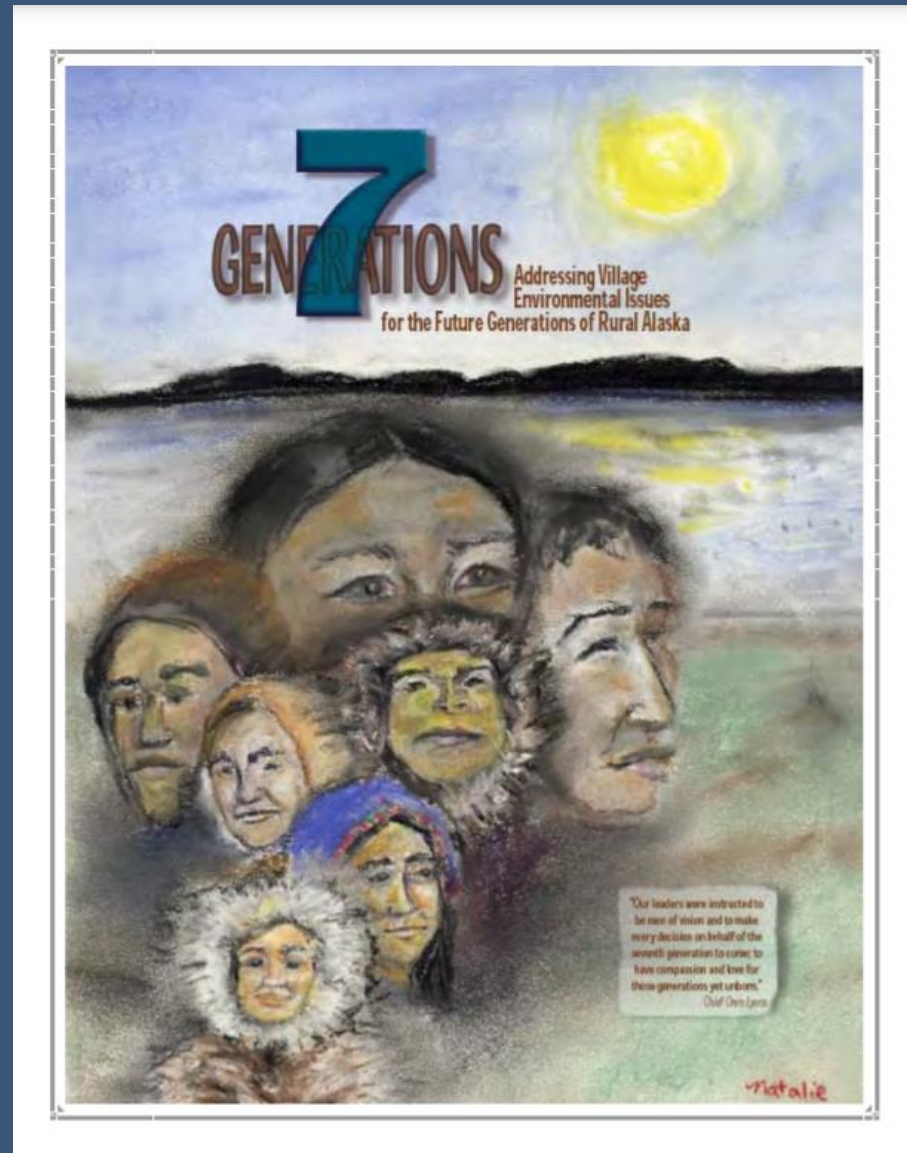
IGAP provided the resources for Tribes to establishing there own environmental departments.

In 1994, the first ATCEM conference was held.

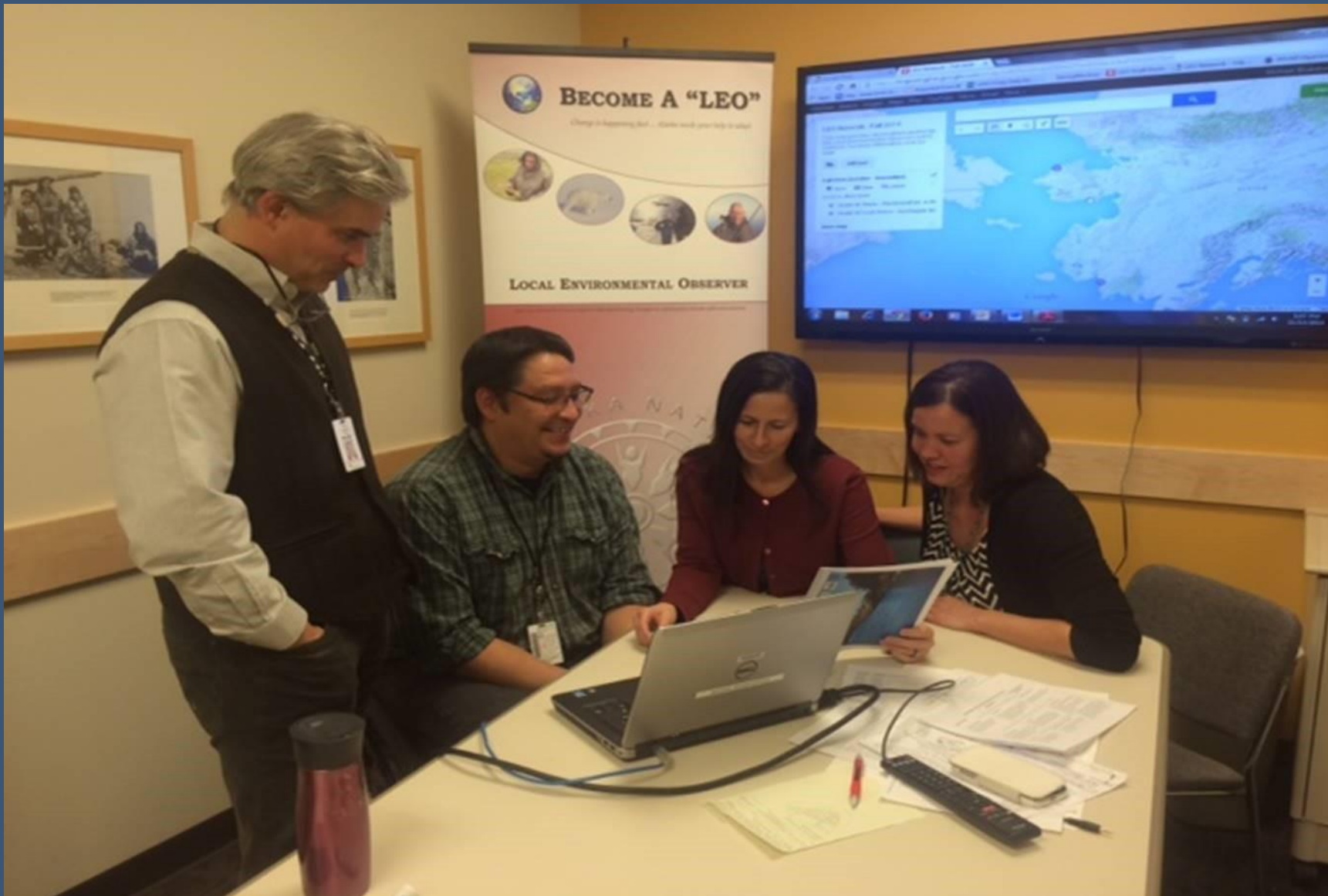




- Institution Environmental Health Specialist
- Environmental Health Specialist
- Injury Prevention Specialist
- Health Facilities Engineer



In 2001 – The State of Alaska develops “7 Generations, a manual for introducing Tribal environmental programs to planning strategies.



2011 Local Environmental Observer (LEO) Network launched.

rescue mission

10 Feb 2017  
Farewell Spit, Tasman, New Zealand  
Washington Post



Rarely seen whale stranded on Waikato beach dies

2 Nov 2018  
Waikato Region, New Zealand  
Radio New Zealand



Monster avalanche triggered by extreme deluge raises new climate change questions

18 Jul 2022  
Mount Cook Village, New Zealand  
NewstalkZB



Stranded whale dies at Christchurch beach

28 Jan 2024  
Akaroa, Canterbury, New Zealand  
NZ Herald



New Zealand sea sponge populations 'dying by the millions' due to climate change

New Zealand  
CNN



Shorebird from New Zealand spotted in Yukon after overshooting its destination in Alaska

2 Jun 2022  
Hershel Island  
CBC



Flooding lashes North Island as snow dumps fall on South Island skifields

30 Apr 2018  
Takaka, Tasman, New Zealand  
NZ Herald



Hawke's Bay red sea's final act was to kill sea creatures

2 Feb 2023  
Hawke's Bay, New Zealand  
NZ Herald



Red sea mystery off Hawke's Bay coast


21 Feb 2021  
Hawke's Bay, New Zealand  
NZ Herald




Waiheke beach-goers urged to steer clear from toxic water

9 Mar 2023  
Auckland, Auckland, New Zealand  
NZ Herald




Who We Are    What We Do    Working With Us    Contact Us    



## National Tribal Water Center

*Partnering with Tribes nationwide to help ensure communities have safe and sustainable water services*

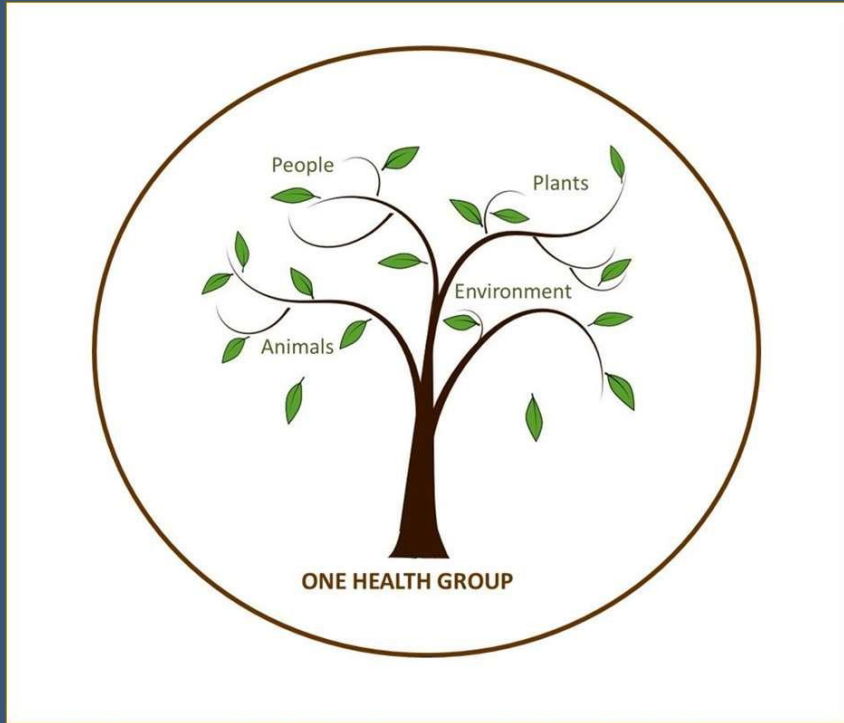


CLEARING HOUSE    IAQ FUNDING     AIR MATTERS TOOLKIT    WEBINARS    LATEST

# TRIBAL HEALTHY HOMES NETWORK

Building knowledge, skills, and tools because your AIR MATTERS





In 2013, the One Health Group was started as a forum to raise awareness about emerging *One Health* issues.



[MAJORS & INSTITUTES](#)

[ADMISSIONS & COSTS](#)

[STUDENT LIFE & ACTIVITIES](#)

[ABOUT APU & OUR CAMPUS](#)

[VIRTUAL CAMPUS TOUR](#)



[APPLY](#)

# Environmental Public Health

Bachelor of Science

[Overview](#) [Degree Fit](#) [Career Outcomes](#) [Similar Programs](#) [Institute & Program Area](#) [Requirements](#)

2019 – APU Introduces EPH Program. CEH instrumental in Development of program. ANTHC transfer to INFOR System

# What are some program highlights?



**Solid Waste Equipment Funding**  
With funding from the Inflation Reduction Act of 2023 ANTHC has received an unprecedented number of funded solid waste projects for equipment, fencing and other improvements, in effect covering all of the related project requests in SDS. CEH will be focused on engaging local and regional tribal health officials in the selection, delivery and training process.  
*Contact: Gina McKindy*



**ANCSA Contaminated Lands Partnership Group**  
Our Contamination Support Program facilitates the Partnership Group. The purpose is to assist with verification, assessment, and cleanup of conveyed lands.  
*Contact: Bailey Richards*



**Small Community Emergency Response Plans (SCERPs)**  
ANTHC works with Tribal partners to develop emergency preparedness plans, tailored for the current and emerging drivers of local disasters.  
*Contact: James Benzschawel*



**Tribal Subawards**  
CEH is providing over \$125,000 in tribal environmental program funding for air quality, solid waste and resilience projects in 2023 with more funding in 2024.  
*Contact: Oxcenia O'Domin and Andrew Willman*



**Tribal Water Center**  
Partnering with communities and Tribes to ensure safe and sustainable water services, through technical assistance and training. Courses include Small treated, Level 1, and Waste Water lagoon, and water treatment for utility managers.  
*Contact: Brian Berube*



*Google: Tribal Water Center*



**Youth Engagement**  
CCH works to develop the next generation of environmental health professionals through school outreach, development of youth focused curriculum like *Molly of Denali* and the *Environmental Health Explorer workbooks*, internships and partnerships with UA System and APU Environmental Public Health Program.  
*Contact: Kevin Heller*



**The Local Environmental Observer (LEO) Network**  
An online network of community members and topic experts that share observations and technical information about environmental change to understand our changing world.  
*Contact: Lars Flora*

*Google "LEO Network"*



**Alaska Tribal Conference on Environmental Management (ATCEM)**  
An annual gathering of Tribal environmental professionals, for knowledge sharing, conversations and training.  
*Contact: Oxcenia O'Domin*

*Google: "ATCEM"*



**Center for Climate and Health**  
CCH increases understanding and awareness about the connections between climate change and community health, by performing assessments, and technical consultations  
*Contact: Sarah Yoder*



**Center for Environmental Threatened Communities**  
CETC works with a wide range of partners to strengthen our ability to serve communities facing challenges related to climate impacts.  
*Contact: Max Neale*

*Google: "CETC"*



**ALASKA NATIVE TRIBAL HEALTH CONSORTIUM**

Environmental Health & Engineering

# What are some of today's EH challenges?

- **Air Quality** - longer wildfire season more extreme smoke, pollen, dust, and mold events
  - **Water Security** - thawing / erosion related damage, contamination, and drought
  - **Food Security and Sovereignty** - harvest failures, decreasing quality and confidence
    - **Natural Disasters** – increasing frequency and longer seasons for events
- **Infrastructure** - Lack of critical health infrastructure (or aging structures and systems)
- **Housing** - Limited housing units, overcrowding, and unhealthy indoor environment.



## Community Environment & Health

Rural Alaska communities are changing. Shifts in social, economic and environmental conditions are affecting individual health and quality of life for Alaska Native people. ANTHC works with the Tribal health system, government at the local and regional level, and public and private organizations to understand local changes and to develop strategies that encourage wellness, resilience and sustainability.



### Tribal Water Center

Partnering with communities and Tribes across Alaska to ensure communities have safe and sustainable water services.



### Resources

Resources for all Community Environment and Health programs



### LEO Network

The Local Environmental Observer (LEO) Network connects people through information on our shared environment



### Health Facilities Engineering

Providing partners assistance with master planning, design, construction and project

Н

# Specialty Clinic Division

Alan Vierling, DNP, RN, CENP, FABCP,  
ANMC Administrator

Ts'iin da mxt (come inside, friend)  
Tsimshian

Do'eent'aa hello (how are you?)  
Tanana Benhti Kenaga' Athabascan

'San uu 'dang giidang  
Haida

Nakhwal'in shoo ihlii  
Gwich'in Dinjii Zehh Kyaa Athabascan

Wa.é ák.wé? Hello (how are you?)  
Tlingit

Sits'ida'on (my friend)  
Deg Hit'an Xinag Athabascan

Enaa neenyo  
Koyukon Denaakk'e Athabascan

Slatsiin (my friend)  
Ahtna Athabascan

Qaimarutin  
Inupiaq

Aang  
Unanga

Shida (my friend)  
Tanaina /Dena'ina Athabascan

Cama'i  
Sugpiaq



WELCOME

Quyana tailuci  
Central Yupik

Nijaa (our friends)  
Han Athabascan

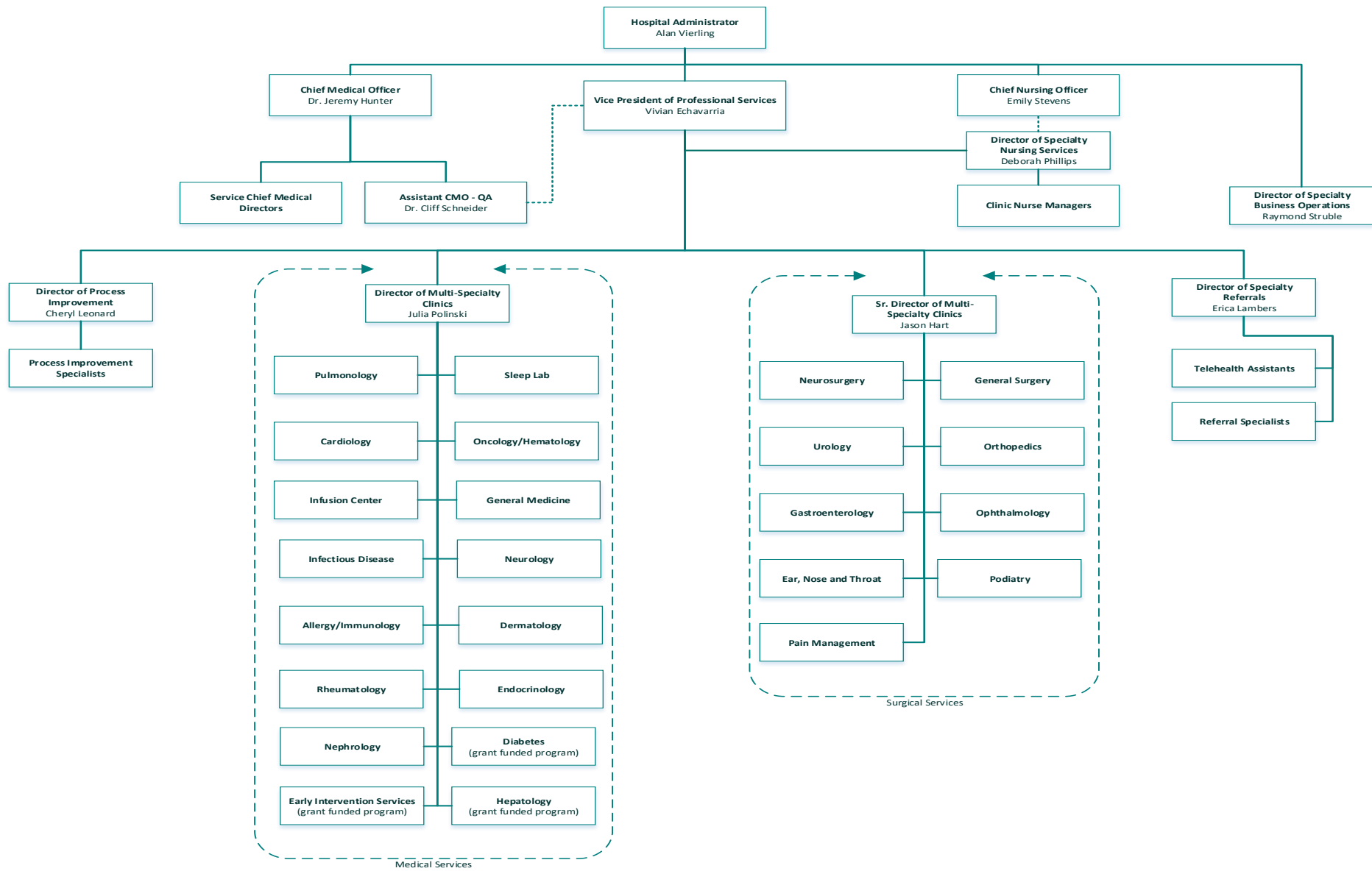
Quyanaaghalek tagilusi  
Siberian Yupik



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# Infusion Center



- Outpatient Infusion Center
  - Largest infusion center in Alaska
  - Chemotherapy services
  - Size could easily grow by six chairs, lesson learned-build for growth 5 years out.

# Current Staff to Provider Ratio

Clinic	Current Ratio	Benchmark
Ear, Nose, and Throat	4.82	2.80
Internal Medicine	2.25	3.11
Walk-In	1.42	3.11
Neurosurgery	3.40	2.84
Oncology	2.09	2.70
Ophthalmology	3.78	4.00
Orthopedics	2.09	3.42
Pain Management	1.56	2.55
Podiatry	0.52	2.87
Pulmonology	1.48	1.54
Surgery	5.75	2.00
Urology	1.33	3.27

Heavy on case management due to travel complexity.

# Access to Care



- Need singular electronic health record to optimization efficiency
- In-depth evaluation consisting of identification of barriers to efficiency
- Standardization of workflow process across all specialties
- 220 referrals daily
- Lack of primary care leads to increased specialty needs.

# Centralized Scheduling Services



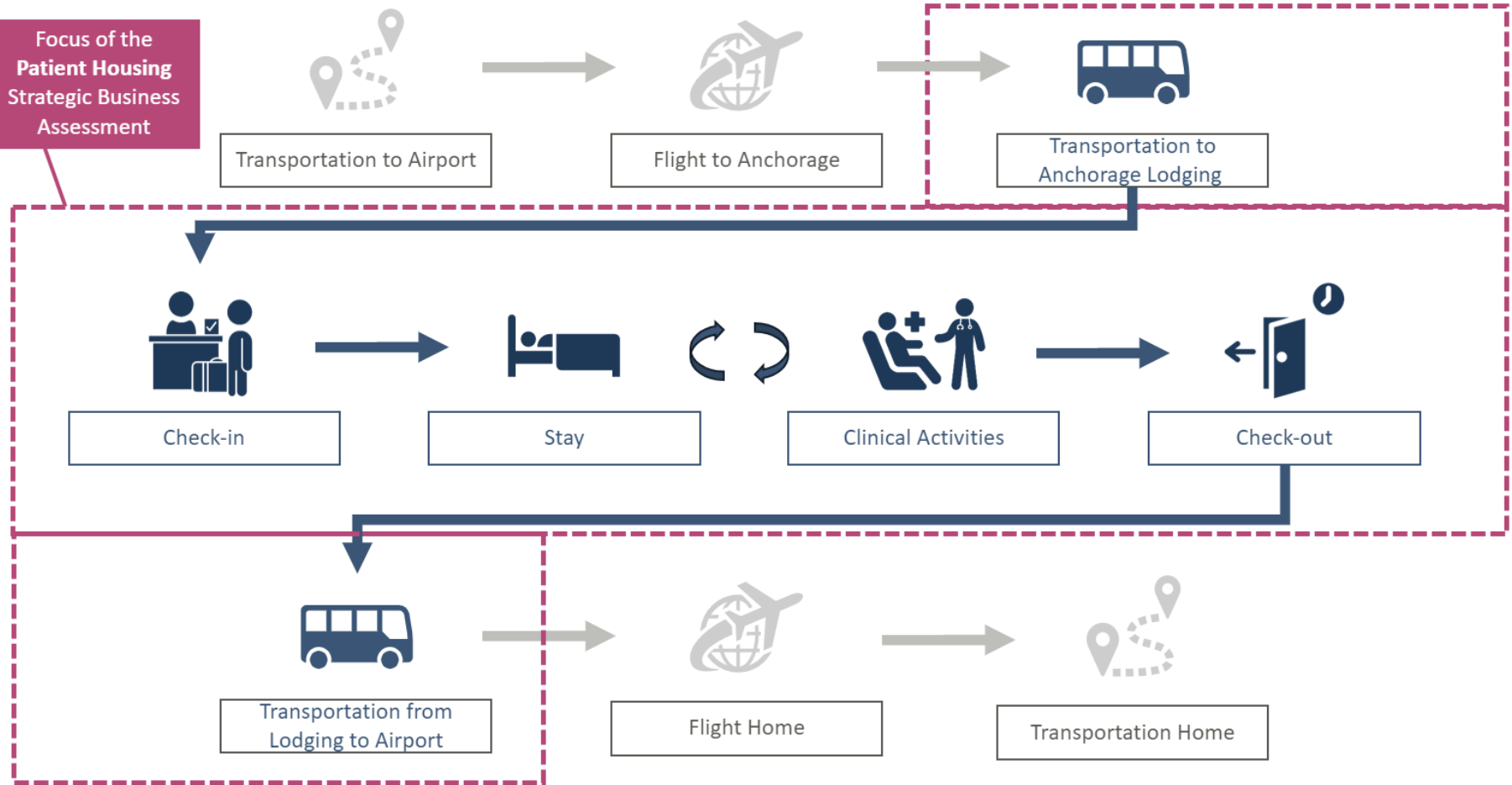
- Scheduling an appointment
- Scheduling multi-specialty appointments
- Patient appointment list
- Appointment modifications
  - Confirm
  - Reschedule
  - Cancel
- Missed appointments
- Referral scheduling

# Lessons Learned

- To improve communication and oversight, we reorganized the reporting structure to group like services together:
  - Medical Services
  - Surgical Services
- To improve recruitment and retention, we implemented a recruitment strategy in collaboration with Physician and Nursing recruiters
  - Improve visibility and presence from leadership at job fairs
  - Start the recruitment process earlier by talking to students
- To improve patient experience and care coordination, we redesigned the back-end logic for the phone system for incoming and outgoing calls
- To improve operational efficiency and excellence, we are developing standard operating procedures to guide decision making in the clinical setting
  - Hours of Operation
  - Provider Leave Requests
  - Provider Schedules
    - Use of schedule blocks
    - Booking appointments
    - Appointment Modifications
  - Patient Reminders
  - Telehealth Visits
  - Referral Management

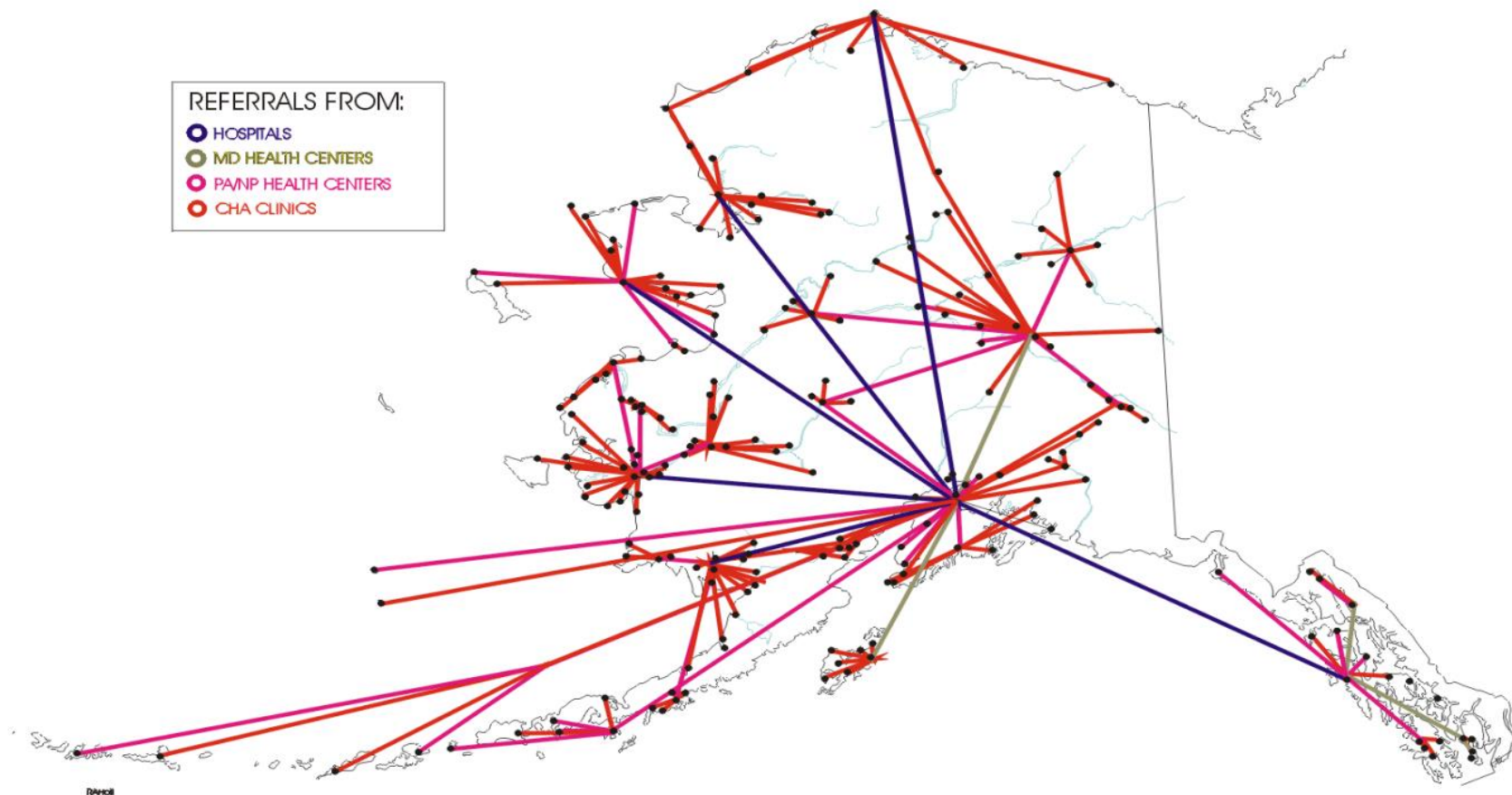
# Patient Journey

Focus of the Patient Housing Strategic Business Assessment



# THE ALASKA NATIVE HEALTH CARE SYSTEM

## Typical Referral Patterns



# Housing and Travel

- Housing is the biggest issue for patients.
- 417 rooms- need additional 200
- 1 surgical procedure requires 4 housing nights
- 1 outpatient clinic visit requires 2 housing nights
- Travel housing office gets 500,000 calls a year.
- This is complicated by multiple computer systems- lesson learned 1 electronic system is key.
- Hotel management is not a core healthcare competency. Hire smart, consider outside assistance.

# Lessons Learned: Travel and Housing

- Unified approach across all entities is essential.
- There is a high cost to meet expectations
- Providing a quality and dependable service makes the difference for health outcomes
- Diversionary activity outside clinic visit is essential. Consider community center as a part of housing.





# Workforce Development

April 2024



ALASKA NATIVE  
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CONSORTIUM

## Vision:

Alaska Native people are the healthiest people in the world.

## Mission:

Optimizing health and well-being through collaborative partnerships and services.

## Values

Self-determination, Quality, Integrity, Teamwork

### Empower the Workforce



Employees choose ANTHC because we offer a fulfilling and rewarding career



Employees have the tools and resources to be effective

### Enhance the System of Care



Patient care is coordinated across regions, episodes of care, and Tribal partners



Invest purposefully in infrastructure to improve public health

### Achieve Performance Excellence



Establish core metrics to measure and monitor ANTHC's progress toward performance excellence



Deliver excellent services that improve the health and wellness of the community



Achieve sustainable financial health allowing for critical investments to be made

# ANTHC Values

**Self-determination:** We support and promote Tribal self-determination.

**Quality:** Our work demonstrates a commitment to excellence, continuous improvement, accuracy and professionalism.

**Integrity:** We lead by example, communicate honestly and act with respect.

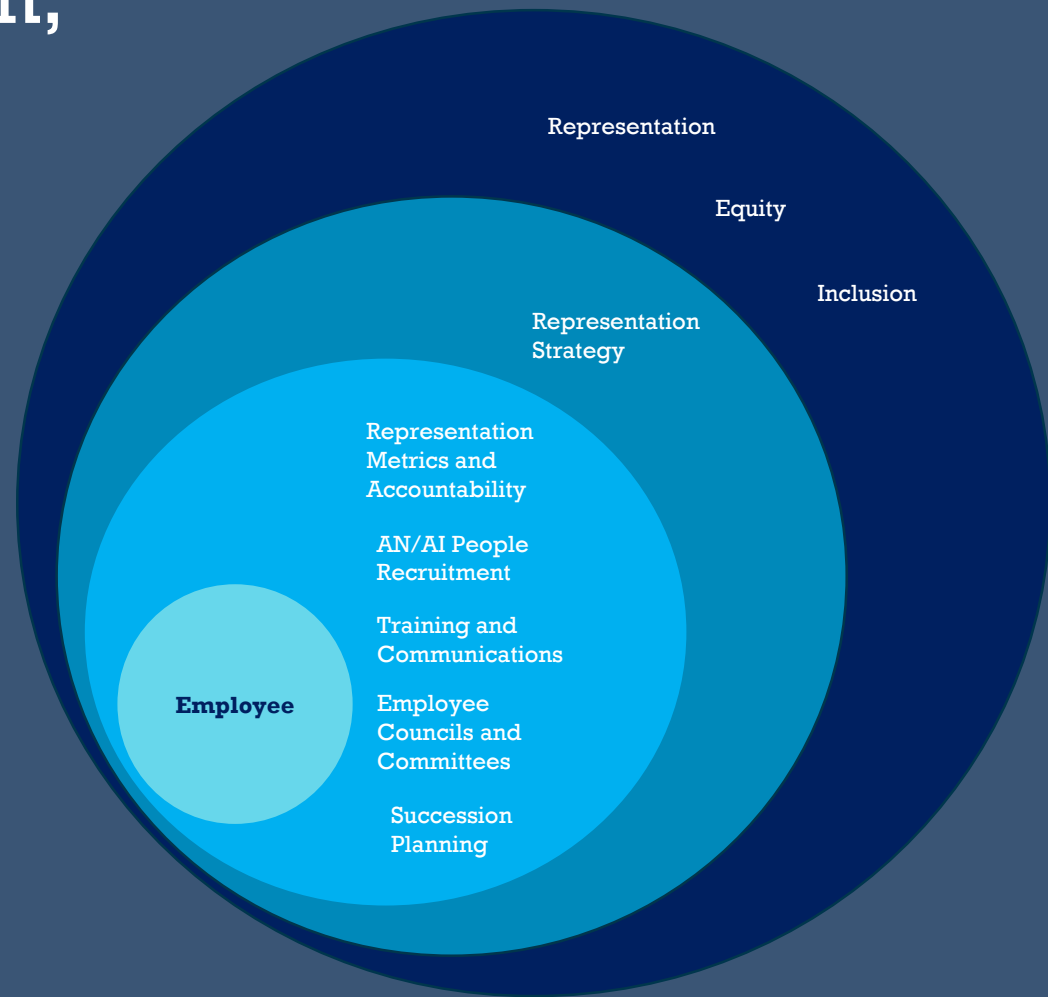
**Teamwork:** Our collective efforts, talents and knowledge advance ANTHC's vision.

# Workforce Development Vision

We provide support to members of the workforce:

- Individual level of education
- Training
- Skills
- Professional development

# Representation, Equity, Inclusion & Our Culture



# FY24 Representation Initiatives

## Alaska Native and American Indian Workforce Metrics Dashboard

- Implementation of a comprehensive metrics dashboard for monitoring workforce diversity.
- Tracking progress in hiring and retaining Alaska Native and American Indian professionals.

## Hiring Preferences Policies and Practices

- Commitment to hiring preferences for Alaska Native and American Indian individuals.
- Ensuring inclusion and representation within the workforce.

## Expanded Recruitment and Sourcing Programs

- Initiatives to broaden recruitment efforts to attract diverse talent.
- Collaborations with communities and organizations to source candidates.

## Community Engagement

- Active involvement with local communities to understand their needs.
- Building partnerships to promote Alaska Native and American Indian people in healthcare.

## Employment Branding

- Establishing ANTHC as a premier destination for healthcare professionals.
- Showcasing the organization's commitment to representation and tribal healthcare.



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# Talent Pipeline-Sourcing

# External Partnerships

Universities	High School/Secondary	Native Corporations	Other Non-Profits	Tribal Health Organizations
<ul style="list-style-type: none"><li>• Native Student Services</li><li>• Departments</li><li>• Advising</li><li>• Alaska Pacific University (Embedded into ANTHC)</li></ul>	<ul style="list-style-type: none"><li>• Indigenous Education</li><li>• School Counselors</li><li>• Career/Tech Education</li></ul>	<ul style="list-style-type: none"><li>• Shareholder Services</li><li>• Education Foundations</li></ul>	<ul style="list-style-type: none"><li>• Healthcare Associations</li><li>• Native Non-Profits</li><li>• Youth Organizations</li></ul>	<ul style="list-style-type: none"><li>• Currently partnered with 15+ THOs</li></ul>



# Provider Recruiting

Our Focus:

Increase representation of Alaska Native and American Indian people across ANTHC



Targeted outreach sourcing and recruiting to passive talent in rural and near reservations in the U.S.



Attend Provider Specialty Specific Conferences (Association of American Indian Physicians and specialty conferences)



Expanding Residency Program Outreach to include schools in Tribal areas (Currently operating 300 residents/students per year)



Employment branding (ANTHC channels and profiles, and communities)

# Talent Bank Program

- ANTHC's in-house temporary staffing/placement program
- Pathway program exclusive to Alaska Native and American Indian people
- Administrative and coordination focused
- Work intermittently in a variety of departments and positions to explore, build, and further careers
- Goals: 50% conversion of Talent Bank employees to permanent roles



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# Hiring Preference

# Hiring Preference

**Indian Health Service and Title V of Indian Self-Determination and Education Assistance Act.**

Nonprofit Tribal Health Organization designed to meet needs of Alaska Native and American Indian people living in the state.

**Hiring preference** to fulfil the congressional policy of self-determination.

Predominant in both policy and in the strategic plan.



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# Growth and Promotions

# CLIMB

\*Entry-level Talent Development Program

14 Micro learning sessions (10-20 minutes each)

Quarterly Cohorts of 30 students

5 Themes:

- Good Work and Relationships
- Communicating Effectively
- Caring for Yourself and Others
- Providing an Exceptional Patient Experience
- Health Care Careers

# Education Assistance Programs



## Education Assistance

Tuition Assistance

Native Education Assistance

Education Leave

\$5,000 Board of Directors Scholarship

APU Alaska Tribal Health System  
Scholarship and ANTHC Employee Match



## Additional Assistance

Federal Loan Repayment Opportunities

Federal/State Scholarship Opportunities

Other Scholarship Opportunities

External Education/Training Programs

# Professional Development Programs

## Leadership Courses:

- Leadership Foundations (7 1-hour sessions on leadership foundational topics)
- Master Classes including:
  - ✓ Emotional Intelligence
  - ✓ Cultural Awareness
  - ✓ Crucial Conversations
  - ✓ Change Management (Coming soon)
  - ✓ Campus Management Bi-Weekly Sessions (Leadership & workshops)

## Staff Courses:

- Alaska Native Cultures Overview
  - ✓ Communication
  - ✓ Team Collaboration Workshops
  - ✓ Professional Writing Skills
  - ✓ Essential People Skills
  - ✓ Customer Service
  - ✓ Continuing Medical Education/Continuing Education Credits
  - ✓ Time Management

# Leadership Development Programs

Specifically for Alaska Native and Native American employees

Program	Skills / Knowledge concentration	Higher Education (APU) / Continuing Education credits	Key Takeaways / Certifications	Retention & Successes over 5 years
<b>Pathways to Leadership</b>	Supervisory Alaska Native cultures, history, & issues	3 undergraduate credits in Business Administration or up to 60 CEs	<ul style="list-style-type: none"> <li>Supervisory certification</li> <li>Creation of an individual portfolio</li> </ul>	79% Retention rates of employees
<b>Leadership Excellence through Advancement &amp; Determination (LEAD)</b>	Managerial AN/AI legal issues (tribal sovereignty, federal trust, etc.)	Track 1: 5 undergraduate or graduate credits in Business Administration  Track 1 & 2: min. of 70 CEs	<ul style="list-style-type: none"> <li>Manager certification</li> <li>Collaborate with PMO to create and present a proposal</li> </ul>	85% Retention rates at ANTHC
<b>Alaska Native Executive Leadership Program (ANELP)</b>	Executive ANCSA history	9 graduate credits in the Executive MBA program.	Graduate certificate	64% Promotion rates 100% Retention rates for AK Native partners

# Succession Planning



Annual for Director and above staff



Assessment of progress specifically for Alaska Native and American Indian leaders



Stretch goals and internal opportunities



Future assessment to expand to lower organizational levels



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# Employment Branding

# Employee Referral Program

FY23 ANMC Pilot Success over 3 months = 50 hires

FY24 Expanded Program across ANTHC for critical skill sets

Program Theme “Refer Friends. Refer Colleagues. Refer Talent.”

Key Benefits:

- Quality Hires: Tap into trusted networks for top talent.
- Engagement: Empower employees to shape team and culture.
- Rewards: Incentives for successful referrals.

TRUST BUT VERIFY effectiveness

# Employment Branding



Community and Education events, initiatives and partnerships



Social media employee testimonials and success stories



Employer Sponsored Events (local & national)



ANTHC Blog, social platforms, community newsletters



Creation of ANTHC's Employee Value Proposition



Revamp and redesign of ANTHC Careers website