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ALASKA'S
COMMUNITY HEALTH AIDE PROGRAM:
EMERGING FROM THE CRISIS

Progress, Status, and Continued Unmet Needs

Submitted by

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EMERGING FROM THE CRISIS

INTRODUCTION

The Alaska Native Health Board (ANHB) would like to thank the members of Congress for appropriating \$5 million increases for Alaska's Community Health Aide Program (CHAP) for FY89 and FY90. ANHB would also like to take this opportunity to briefly describe early progress being made to restore Alaska's CHAP and to reiterate the need for an additional \$9.24 million to more fully fund the program.

BACKGROUND

The Community Health Aide Program is as an essential component of the health care delivery system for rural Alaska Natives. The program ensures that 45,000 residents in inaccessible communities receive basic preventive care and treatment for injury and illness in the most efficient, cost-effective, and acceptable manner. Throughout its 30 years of existence, CHAP has been greatly impacted by and has had a significant impact on the health of rural communities and the medical care systems in Alaska. Marked improvements in the health status of Alaska Natives in particular and Alaskans in general are directly related to the activities of Community Health Aides (CHAs) providing services in the village clinics of Alaska.

CHAs serve in 171 isolated villages located up to 1,300 miles from the nearest sub-regional center. Ninety percent of these villages are accessible only by aircraft. Village populations range from 50-800 people. CHAs are village-based providers selected from and by the communities in which they serve.

The local clinic is the focus of all health care in rural Alaskan villages, and the village CHA is the first level of contact with the Native health care delivery system. CHAs maintain standard clinic hours five days a week and respond to medical emergencies 24 hours a day, 365 days a year. CHAs provide emergency care, minister to acutely ill patients, perform prenatal care, well baby checks, immunizations, and other preventive activities. They assist with the investigation and containment of

infectious disease outbreaks. In addition, they manage the clinic pharmacy, supplies, equipment, and facility.

This program is highly valued by the Alaska Native community. Concerned that the program was showing signs of significant problems, ANHB commissioned a study designed to determine the status of the statewide program. The resulting document, "Alaska Community Health Aide Program in Crisis," D. Caldera, March 1988, detailed significant problems with CHAP which were directly related to severe underfunding. The report demonstrated that the program was funded with both federal and state dollars at \$7.7 million, which was only 27 percent of the need. Among the problems identified in the 1988 report were the following:

1. A statewide attrition rate of 33 percent, related to overwhelming job responsibilities, stress, and low salary.
2. Thirty percent of the practicing CHAs had less than the first 12 weeks of basic training.
3. Eighty-five percent of the CHAs were eligible for public assistance.
4. CHAs were not receiving adequate support and supervision in the field (only two visits per year by CHA supervisors).
5. The training system could not meet existing training needs. This meant that many practicing CHAs were inadequately trained and unprepared to meet the health needs of the village residents.
6. Rural health clinics were physically inadequate (many without running water or adequate heat) and lacking basic clinic supplies.

To address these problems, ANHB and ARHD made the following recommendations:

1. Increase the number of officially funded FTE positions from 205 to 448 CHAs.

2. Institute a work schedule for CHAs to provide regular clinic hours plus 24 hour a day emergency care (two weeks on duty followed by one week off).
3. Expand current training capabilities to provide 45 sessions a year to upgrade 448 positions, then meet anticipated 10 percent attrition rate with 24 sessions a year.
4. Compensate CHAs with a starting salary of no lower than \$28,047 a year and increase the salary to no lower than \$33,385 a year once a CHA is certified.
5. Reduce supervisor-to-village ratio to 1:5 to allow three village visits per year.
6. Evaluate the Village Built Clinic Program and develop a funding methodology based on operating costs, number of patient visits annually, and population.

The *Community Health Aide Program in Crisis* report documented that a \$21 million increase was needed to fund the program at a minimal level.

FY89 APPROPRIATION

The FY89 appropriation increase of \$5 million reached the regional and local P.L. 93-638 contractors in May 1989, providing a valuable boost to the troubled CHA Program. Most of these funds, \$4.8 million, were used to increase the number of CHAs, improve supervision and support to the CHAs, and/or raise CHA salaries. The contractors have also been hard at work developing long-range strategies for an improved Community Health Aide Program. The remaining \$200,000 of the FY89 appropriation was directed to three of the four training centers to begin to address severe underfunding of CHA training programs. The training centers were able to add four new trainers.

Responses from some of the contractors regarding their use of FY89 CHAP funds include the following:

Added 14 CHAs . . . (These salaries were not fully covered by '89 increase.) Created Clinic Supervisors with upgrade in range and step. Upgraded C/Is in range and step. Developed career steps, some salary increases. We were able to eliminate the Alternate CHP status,

increased FTEs, improved work schedules, on-call schedules. (Maniilaq Association)

The impact of FY89 increased funding has been the ability to begin a plan to stabilize and improve the CHAP program. Salaries were increased and a pay scale revised to reward each step in training. Five FTE co-primary positions have been added to attack burnout and allow sharing of job and call. Improved corporation-based training has been implemented . . . Quality assurance and village-based training have been improved. (Kodiak Area Native Association)

We have utilized this increase by: A) Increasing the number of full-time CHAs by eliminating our alternate CHA system and going from 65-70 Primary CHAs with full benefits to 125 full-time Primary's. B) With additional CHAs we needed to increase supervision and personnel and this was done by hiring one Field Coordinator to bring our total from two to three, and one mid-level practitioner to assist with field training, which we had not done before. C) Salaries increased from a base starting level of \$8.40 per hour to \$9.24 per hour. We also began a system that would recognize years of service with regular pay increases. Also improved work schedules with three weeks on and one week off. (Yukon-Kuskokwim Health Corporation)

BBAHC promoted all of our "Alternate" CHAs to primary status, making for an increase of 29 new positions. We added one staff position, a clinical instructor . . . By promoting our alternates to primary CHAs we increased their salaries, benefits, and training. We also placed all CHAs on a career ladder with step increases following each completed training session. The work day was also increased to an eight hour day with clinics being open six hours out of the eight. In those villages with full health aide coverage, the health aides are now placed on a rotating schedule working two weeks on, one week off, and being paid for all weeks. Their schedule compensates fully for the call time that is necessary in each village. (Bristol Bay Area Health Corporation)

1) Increased CHAs from 1.0 to 2.5; 2) A Clinical Manager was hired and mid-level supervision . . . was obtained. 3) Increased salaries: . . . The .5 CHA went to \$9.30 per hour (\$9,672 per annum) and the two 1.0 CHAs went to \$8.90 per hour (\$18,512 per annum); this is little more than the weighted average annual salary for CHAs statewide in 1988 . . . but is a slight improvement; for our CHAs and their family circumstances, this is close to on par with Alaska Public Assistance eligibility criteria. 4) Increased training opportunity: This year all of our CHAs will be able to participate in the next level of training, and an FAS workshop was attended. (Ninilchik Traditional Council)

The statewide impact of these program improvements is not presently known. The CHAP Section, Alaska Area Native Health Service, will soon be distributing a questionnaire to document increased numbers of CHAs, percent of salary increases, and reductions in attrition rates.

A mere nine months after receiving the initial \$5 million CHAP appropriation, contractors are seeing some decline in attrition, as evidenced by the following:

FY89 CHAP in Crisis monies were used to increase salaries. Since implementation of CHAP in Crisis monies we have had only one Health Aide termination . . . the increase in salary has had a direct impact on attrition rate. (North Slope Borough)

The impact is slowly being felt with CHAs who had left now asking to return to work. Attrition is down, but our figures are still showing 25 to 30% because of early 89 figures not impacted yet with the FY 89 CHAP increases. CHAs repeatedly share their gratefulness for improved work schedules and salaries. (Yukon-Kuskokwim Health Corporation)

Some small gains have been achieved in raising the level of training for all CHAs through the increased training center funding and shifting the priorities for training. By focusing on providing Session I (first four weeks) training, the centers have been able to reduce by half (from 30 percent to 15 percent) the number of students practicing without the first course of basic training. Unfortunately, as was

true in 1988, 58 percent of the CHAs practicing today have had less than eight weeks of basic training. Only 40 percent of the practicing CHAs have been certified.

FY90 APPROPRIATION

The Alaska Area Native Health Service is in the process of distributing the FY90 CHAP increase to the contractors and training centers. The approximate \$3.75 million being distributed to the contractors is being used to continue efforts to stabilize the CHA Program. In addition, \$1.26 million is being distributed to the CHA training centers to begin to address the critical need to expand training capabilities.

Comments below from several of Alaska's regional CHA Programs are indicative of how the FY90 appropriation is being utilized:

We plan to continue the activities we have begun. As we increase FTE Health Aide positions, we increase our training needs dramatically, needs for staff, needs for increased quality assurance. The FY90 funds, therefore, have really allowed us to continue these activities which will require continued funding and support. (Kodiak Area Native Association)

A) FY90 increase is being used to raise the base CHA salary from \$9.24 to \$10.16. B) Staffing: Increasing CHA positions from 125 to 135. Adding one Supervisor Instructor so we have a total of 10. We are recruiting for another Mid-Level Practitioner to further enable us to provide more field-based training. This program now has a staff of more than 190 to 200 and it is apparent [an Assistant Director] is needed to assist with all that is needed to run this program effectively. C) Health Aide training is being expanded with more instructors. That will increase the number of CHAs we can train. We have 135 full-time CHAs with over 90 CHAs still needed to be certified. (Yukon-Kuskokwim Health Corporation)

Full funding for 31 CHP FTEs, increase administrative staff by .5 FTE Curriculum Coordinator (Nurse Practitioner/Physician Assistant level), and 1 FTE Coordinator Instructor. (Maniilaq Association)

CHAP monies will be needed to supplement [the CHA] salary increase. (North Slope Borough)

1) Salary increases commensurate with experience and training levels achieved; 2) increased training opportunities; 3) training for a back-up CHA in the eventuality that we lose one of the current personnel . . . ; 4) provision of opportunities for CHAs to utilize all skills learned in training; 5) increase salary support for CHA supervision; 6) modernize and increase equipment and supplies available for CHAs. (Ninilchik Traditional Council)

The FY90 increase for Bristol Bay brings us up to only 60% of funding. With the monies, we are now able to decrease our past huge requests for local funds to pay health aide salaries. We are also able to provide more training and a few small equipment items that have not been available in the past. (Bristol Bay Area Health Corporation)

The FY90 increase in training funds is being used to expand the four existing training centers to maximum capacity and to add one additional training center. The Southeast Alaska Regional Health Corporation expects to begin offering training at the new training center on June 1. Projections are that at least one basic training session will be provided to 296 CHAs in FY90.

CONTINUING UNMET NEEDS

Appropriations in FY89 and FY90 have helped to alleviate the crisis caused by severe chronic underfunding of Alaska's CHAP in the past, but unmet needs continue to adversely impact health care in Native communities. Continuing unmet needs include the following:

Training. The demand for CHA training is overwhelming. The training centers are trying to cope with a backlog of students that has built up over many years of

program underfunding. Because funding levels are still so low and the demand for training so great, the contractors have elected to prioritize the provision of basic training for all CHAs to certification level prior to addressing the need for continuing medical education for certified CHAs. The current statewide training capacity allows for one basic training session per student per year of three to four weeks duration for 208 CHAs. Approximately 350 CHAs are in need of at least one session per year to raise the certification level of CHAs across the state. At best, it will take at least three more years to deal with the existing unmet need for training. Ideally, CHAs should be able to take two basic training sessions per year.

There is a growing concern among the contractors that CHAs need to be better prepared for the responsibilities they face in their village clinics. As the backlog of training needs is met, attention and dollars can be directed toward modifying the training program to improve the quality of training. Ultimately, this will improve the quality of care available in the villages.

Improved salaries. Despite salary increases in some regions made possible by FY89 and FY90 appropriations, salaries for CHAs throughout Alaska remain low. Given the tremendous responsibility and work-related stress endured by the CHAs, decent compensation is essential to fight burnout and attrition. Many of the regions have identified salaries as an unmet need. Mary Anaruk, CHAP Director of the Yukon-Kuskokwim Health Corporation, speaks for the program as a whole when she states, "Need to raise starting salaries to over \$11 per hour. CHAs are the primary health care providers for their villages and yet even with recent salary increases, still do not make comparable wages to school district or city employees. Secretaries make more in salary."

Additional positions. Most of the regional health entities continue to identify the need for more CHAs and CHPs, field coordinators/supervisors, and instructors as ongoing problems. Although many regions have been able to hire more full-time "primary" CHAs (thus slowly eliminating the Alternate CHA program), it is still all too common for CHAs to be overworked, undertrained, and without adequate supervision and support.

Clinic upgrading. The need for clinic equipment, supplies, and facility improvements continue to be identified as a problem for CHAP in many villages. Typically,

funding for FY89 and FY90 is being used to address the desperate need for trained personnel by increasing salaries, hiring additional staff, and providing training, with little left over for improving clinic facilities. Some village clinics still do not have adequate plumbing and heat. In other regions, such as Yukon-Kuskokwim, funding is needed to support a distance delivery health care system ("Tele-Health") to enable more rapid diagnosing and treatment for villagers. At this time, many clinics cannot accommodate the Tele-Health System.

Travel. Funding for travel and per diem would support conferences, committee work, training, supervision, and other activities of CHAP. Given the great distances between regional hubs, the villages, and Anchorage, money for travel is essential to permit the kind of communication and interaction needed to plan, implement, and maintain a successful health care delivery system.

CONCLUSION

The Alaska Native Health Board approached Congress in 1988 for \$21 million to stabilize the crumbling Community Health Aide Program. To date, Congress has granted an increase of \$10 million to the program and an additional \$1.76 million for indirect costs associated with program increases. Given these increases, the remaining recurring unmet need for CHAP is \$9.24 million. The Alaska Native Health Board respectfully requests the continuing support of Congress in securing this funding to meet the complete objectives of "CHAP in Crisis."