INDIAN HEALTH SERVICE POLICY STATEMENT
On
CREATING A NATIONAL INDIAN HEALTH SERVICE COMMUNITY HEALTH AIDE PROGRAM

With rising demand for comprehensive, quality health care, communities are increasingly looking for innovative approaches to health service delivery. Recognizing the success of community health aides, Congress authorized the creation of a national federal Community Health Aide Program (CHAP).[1] *See* 25 U.S.C. § 1616*l*(d)(1).

The Indian Health Service (IHS) is currently exploring necessary steps to create a national CHAP,[2] including the creation of a national certification board. The IHS is supportive of and committed to the expansion of CHAPs throughout Indian Country. It is our goal to see community health aides[3] utilized to the fullest extent permissible in IHS and tribally run hospitals and clinics.

Access to care (particularly dental care) in remote areas among the population we serve is very low. The use of paraprofessional health care workers, like community health aides, is a proven strategy for increasing access to much-needed health services and improving the quality of those services in Indian Country, as well as other rural and frontier areas. The IHS has a long history of using community health aides, dating back to the 1960s. Bader, J. D., Lee, J. Y., Shugars, D. A., Burrus, B. B., & Wetterhall, S. (2011). Clinical technical performance of dental therapists in Alaska. *Journal of the American Dental Association, 142*(3), 322–326; *see also* "Evaluation of Dental Health Aide Therapist Workforce in Alaska," October 2010 study by RTI International of Research Triangle Park, North Carolina, available at *https://www.ihs.gov/doh/DHAT.pdf*.

The use of paraprofessional health care workers in public health programs has increased exponentially. Community health aides have been employed to perform a wide range of duties in health programs, such as health education, communicable disease control, maternal and child health, dental health, behavioral health, family planning, environmental health, and other areas. Because of this far-reaching need in so many areas of health care, CHAPs have included paraprofessionals such as nursing aides, behavioral health aides, community health workers, psychiatric aides, and others. In certain limited circumstances, CHAPs can also include the services of dental health aide therapists.

The IHS developed the community health aide concept in the 1960s in response to a number of health concerns in rural Alaska, including the tuberculosis epidemic, high infant mortality, and high rate of injuries. In 1968, the IHS initiated the CHAP in Alaska. Congress amended the Indian Health Care Improvement Act (IHCIA) to authorize the CHAP in 1992. *See* Public Law

[1] S. 1790, The Indian Health Care Improvement Reauthorization and Extension Act, as enacted and amended by P.L. 111-148, the Patient Protection and Affordable Care Act of 2010, which amended the IHCIA.
[2] Before any implementation, many issues would need to be reviewed and resolved, including any legislative changes or funding needed, and the development of an implementation plan.
[3] The term community health aide includes behavioral health aide, nursing aide, and dental health aide.

102-573. The IHCIA mandated IHS create a CHAP in Alaska to train persons to become community health aides, develop a curriculum for the training of community health aides, and create and maintain a Federal Community Health Aide Program Certification Board, by which individuals who complete the training curriculum are certified to provide services through the CHAP. 25 U.S.C. §§ 1616*l*(a), (b). Further, the IHS conducts a statutorily mandated system to evaluate community health aides to assure that quality health care, health promotion, and disease prevention services are being provided to the target population. 25 U.S.C. § 1616*l*(b)(6). By statute, the IHS through its Federal Community Health Aide Program Certification Board is responsible for these functions in the oversight and creation of the CHAP, including the Alaska Dental Health Aide Program, even though the daily operations of the program are carried out through Tribes and Tribal organizations.

Community health aides are currently utilized in a variety of health care and community settings in Alaska. While many provide medical and dental services in village clinics under the supervision of a remote licensed physician or dentist, some are employed by Tribal health organizations in regional clinics and hospitals under direct physician or dentist supervision. As a result of dental therapists in Alaska, an additional 40,000 Alaska Natives have direct access to care in their remote villages.[4]

The IHS and Tribal communities have found community health aides and other paraprofessional health care workers, like nursing, behavioral, and dental health aides, to be important and essential members of health care teams. Not only do CHAPs contribute to the overall health care team, but the additional advanced training they receive often leads to improved health and quality of life for the communities they serve.

CHAPs are proven partners in health, and the IHS is committed to seeing them expand outside of the State of Alaska.

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Date

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[4] Alaska Tribal Health System, Oral Health, available at http://dhss.alaska.gov/ahcc/Documents/meetings/201303/AlaskaTribalHealth-OralHealth-Williard.pdf