



SOUTHERN PLAINS TRIBAL HEALTH BOARD

COMMUNITY HEALTH AIDE PROGRAM

BEHAVIORAL • PRIMARY • DENTAL

CHAP TAP Toolkit 2024



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Introduction to CHAP



Originating in the 1960s in Alaska, CHAP was created to address emergent health concerns across the state such as tuberculosis, high infant mortality, and high rates of injury.

Since the program received formal recognition and federal funding in 1968, CHAP has evolved into a tribally led multidisciplinary health provider education and certification system enhancing Alaska's healthcare delivery system by increasing the number of available healthcare providers to increase access to primary, dental, and behavioral healthcare to rural Native American communities, which has resulted in improved health status across Alaska.

This success is attributed to the strong collaboration between Tribal health organizations, and state and federal governments. In 2010, based on CHAP's success at addressing health disparities and social determinants of health in Alaska, Congress included language in the Indian Health Care Improvement Act (IHCIA) to make the program available to Tribes outside of Alaska. Tribal leaders began advocating for CHAP in 2015; subsequently, this action initiated program expansion to the lower 48 states starting in 2018.

The Alaska CHAP consists of roughly 550 Community Health Aides/Practitioners (CHA/Ps) in more than 170 rural villages. These CHA/Ps are often the only medical providers in smaller rural Alaskan communities. They receive their education and training at certified CHAP training centers in Alaska and they operate within the guidelines of the Community Health Aide/Practitioner Manual (CHAM) that outlines the assessments of treatments and protocols. The CHA/Ps have an established referral relationship with Advanced Practice Providers (APPs), physicians, and the Alaska Medical Center. Established CHAP physicians will visit the rural communities they oversee whenever possible in collaboration with the local CHA/Ps who are in the communities full time. Therefore, CHA/Ps can treat certain

conditions under standing orders from a referral physician and/or after consultation with an assigned provider.

Additionally, CHAP includes dental health aides. In Alaska, primary dental health aides provide patient education and preventative services such as fluoride and oral hygiene education. They can also be trained to be a dental assistant, take radiographs, provide cleanings, complete atraumatic restorative treatment, and place sealants. Expanded function dental health aides can be educated to either place restorations or provide cleanings. Dental Health Aide Hygienists must hold a state license as a registered dental hygienist. Dental Health Aide Therapists/Practitioners (DHAT/DHATPs) receive three academic years of education through the Ilisagvik College/ANTHC Alaska Dental Therapy Educational Program or another Commission on Dental Accreditation (CODA) accredited program. DHATs can provide diagnosis and treatment planning, cleanings, sealants, fillings, and extractions. The goal of the dental health aide therapist practitioner (DHATP) certification is to recognize DHATs who have proven over time that they are reliably providing competent care for their patients. The result is a change in the supervision requirements to allow them to practice more efficiently while putting other safety mechanisms in place to ensure these providers continue to deliver high-quality dental healthcare to Alaska residents accessing dental care through Tribal health organizations. All dental health aides earn certification from the Alaska Community Health Aide Program Certification Board.

DHAT/DHATPs are the providers with the largest scope of practice in oral health under the CHAP umbrella. They operate under the supervision of a licensed dentist to provide restorative and preventative oral care, and they can perform uncomplicated extractions when necessary. The first DHAT in the United States began practicing in 2004 after completing training in New Zealand. Since then, the literature has well established that DHATs have contributed to improved oral health outcomes in the communities in which they work. Notably, in these communities, fewer dental extractions are necessary, and the community receives more preventative oral care.

The most recent discipline of CHAP includes the Behavioral Health Aides/Practitioners (BHA/Ps) who serve their communities in various roles such as health educator, case manager, counselor, and advocate. This facet of CHAP creates avenues of care for those who struggle with behavioral health conditions, such as anxiety, depression, grief, or addiction, but who might not feel safe asking for traditional help due to the risk of stigma, societal judgment, or personal shame. Because these BHA/Ps are community members, they have the unique ability to understand the cultural and historical contexts of their communities, which hopefully reduces the stigma a patient might feel when seeking help. BHA/Ps are educated in traditional and spiritual healing and they can provide holistic care for their communities.

The Tribal Community Health Provider Project (TCHPP) in Portland, Oregon, oversees

the Dental Health Aide Program (DHAP), the Behavioral Health Aide Program (BHAP), and the CHAP Program. The TCHPP partners with Portland Area Tribes to increase access to high-quality, culturally responsive medical, behavioral, and oral healthcare through training and employing CHA/Ps, BHA/Ps, and DHA/Ts. Tribal leadership and Tribal health organizations in the Portland Area saw the need for health aides to address chronic health provider turnover and shortages, address important social determinants of health, increase access to primary care, and create professional wage jobs for their Tribal citizens in their health programs. Tribes in the northwest have been building CHAP infrastructure, including education programs, since 2015.

The CHAP model is grounded in its ability to facilitate access to competency-based, skilled professionals who provide routine primary, behavioral, and dental care for Tribal members in rural communities or other areas that do not have access to full-time physicians, dentists, or other behavioral health professionals. Not only is CHAP helpful for improving the quality of life for Native American communities but it also creates wrap-around care. Meaning that everyone can receive comprehensive care from providers that have strong relationships with the larger health systems nearby, so the referral processes are streamlined and efficient.



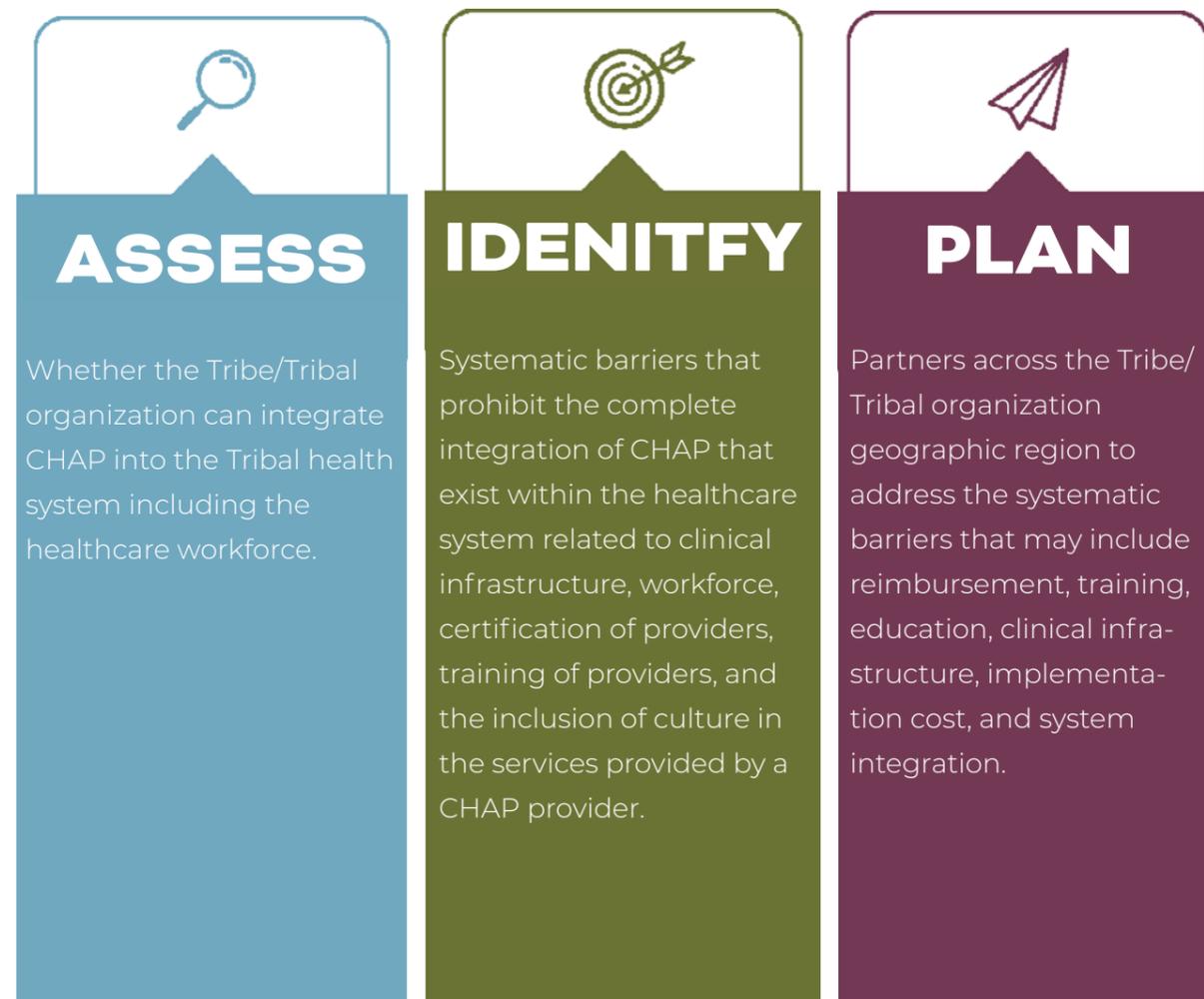
CHAP's core, and what makes it successful, is that it was developed by Tribes for Tribes, and it allows for the development of local Tribal members to train to become certified within the CHAP in their own communities. Through national expansion, there is an opportunity for homegrown and culturally responsive providers to serve their communities' diverse and unique needs, which translates lived experiences and community connections to improved health and well-being.

One of the important facets of CHAP that sets it apart from other programs is its sustainability and its commitment to Tribal sovereignty. The ability to invest in local community members means Tribes can support and guide providers to address specific community needs. In turn, this increases Native American providers and local workforce while protecting the Tribes' rights as individual sovereign nations.

The Portland Area has been instrumental in expanding CHAP nationally. As of 2023, there are 25 CHAP providers in the Portland Area, 20 that completed another level of their training at the end of 2023, and four students on track to complete their training by the end of 2025. The Portland Area has three CHAP education programs. One Dental Health Aide Therapy Education Program and two Behavioral Health Aide Education Programs. The Community Health Aide Education Program accepted its first cohort in the fall of 2023 in collaboration with four Tribal health organizations. By the end of 2026, it is expected that the CHAP in the Portland Area will be over 100 providers strong.

SPTHB CHAP Tribal Assessment and Planning

Starting in 2021, with the \$5 million appropriated for CHAP expansion, the IHS established two CHAP granting frameworks: Tribal Assessment and Planning (TAP), and Tribal Planning and Implementation (TPI). In 2021, the SPTHB was awarded the CHAP TAP grant along with two Tribal Nations in the OCA. The CHAP TAP purpose is to help Tribes/Tribal organizations (T/TO) assess the feasibility of implementing CHAP into their existing Tribal health system through the two-year funding period. The program is designed to support the regional flexibility required for T/TO to design a program unique to the needs of their individual communities across the country through identifying feasibility factors. The CHAP TAP grant goal is carried out through the following objectives.



The crux of the SPTHB CHAP TAP program was to evaluate and establish internal infrastructure, assess need area-wide, establish a learning collaborative, engage and support Tribes that are interested in implementing CHAP, and identify and engage key stakeholders.

The SPTHB CHAP team developed three surveys:

Community

Provider

Tribal Leadership

The surveys were developed in collaboration with the OK Area CHAP Learning Collaborative. The surveys were developed based on the community readiness assessment model that incorporated key elements of the CHAP TAP grant such as:

1. clinical infrastructure
2. workforce training
3. cultural inclusion
4. implementation
5. cost

The SPTHB CHAP team dedicated most of its time and resources to achieve an appropriate sample of community survey responses and began efforts to engage with Tribal healthcare providers and health directors. Thus, a complete sample of provider and leadership were not obtained.

Community Readiness

Community readiness is a measurement used to determine a community's likelihood to take action on a certain issue and/or embrace a new intervention. Readiness is described by nine levels and increases as the levels increase.

- 1** **No awareness of the issue:** The community or leaders do not generally recognize the issue as a problem.
- 2** **Denial/resistance to the issue:** At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
- 3** **Vague awareness of the issue:** Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
- 4** **Preplanning of the intervention:** There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
- 5** **Preparation of the intervention:** Active leaders begin planning in earnest. The community offers modest support of their efforts.
- 6** **Initiation of the intervention:** Enough information is available to justify efforts. Activities are underway.
- 7** **Stabilization of the intervention:** Activities are supported by administrators or community decision-makers. Staff are trained and experienced.
- 8** **Confirmation/expansion of the intervention:** Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
- 9** **High level of community ownership of the intervention:** Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. The model is applied to other issues.

Once community readiness is gauged on a certain topic, program developers can begin to plan the intervention effort at the community's readiness level. Then, the goal is to move the community through the levels, one at a time, to achieve successful program implementation to address the needs of the specific issue at hand.

For CHAP, the community readiness score provides insight into the community's willingness to embrace the program and measure its understanding of various aspects of program implementation.

Survey Links & Additional Resources



[Community Toolbox: Resources to Improve Community Health](#)



[Community Readiness Assessment Model Example](#)



Surveys used by SPTHB CHAP Team during CHAP TAP Grant:



[Community](#)



[Provider](#)



[Tribal Leadership](#)



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