



*Northwest Portland Area
Indian Health Board*
Indian Leadership for Indian Health

Community Health Aide Training

CHA Training is broken into four sessions and includes a preceptorship. In Alaska, Tribal Community Health Aides and Practitioners (CHA/Ps) are often first responders in their remote villages and therefore required to go through EMT or ETT training as a prerequisite. The first step for all CHAs is a pre-session that is an intro to the Community Health Aide Program (CHAP), the Alaska Community Health Aide/Practitioner Manual (CHAM), and the role of the CHA on the health team. CHA/Ps are also required to take CE throughout the year. Training is sequential-Session I must be completed before admission to Session II. Each session consists of didactic, skills, and clinical education followed by approved field work.

Session I to become a CHA I is 4 weeks long followed by approved field work at their home clinic to include a minimum of 20 patient encounters.

Session II to become a CHA II is 4 weeks long followed by 200 hours of approved field work at their home clinic to include a minimum of 60 patient encounters. Sessions I and II use a Body Systems Approach which includes basic anatomy, physiology, and function for each system and a focus on taking complete medical histories and learning basic examination skills. CHAM use is emphasized for conducting problem specific histories and physical exams. Skills learned in these two sessions include drawing blood, urine dip, lab testing, suturing, wound care, IV therapy, splinting, and medicine administration. Students receive an emergency care review, and mental health and substance abuse units. In August 2017, the didactic portion of Session I and II will be available through the Distance Learning Network as a blended course.

Session III to become a CHA III is 3 weeks of education followed by 200 hours of approved field work at their home clinic to include a minimum of 60 patient encounters.

Building on the first two sessions, Session III covers women's health, sexually transmitted infections, prenatal visits, and emergency childbirth. Session III also teaches well child visits and continues the mental health and substance abuse training. There is also an emergency care review.

Session IV to become CHA IV is 4 weeks of education followed by 200 hours of approved field work at their home clinic to include a minimum of 60 patient encounters.

Building on the first three sessions, Session IV focuses on follow-up care of patients with chronic illnesses, elder care, tobacco cessation, mental health, and substance abuse prevention. Students also receive emergency care review in this session.

Session IV may also be completed in 18 weeks, 16 weeks of didactic education in the village via the Distance Learning Network and two weeks at a training center followed by 200 hours of approved field work and 60 patient encounters at their home clinic.

The blended sessions include the same curriculum objectives as the traditional sessions I, II, and IV and include scheduled interactions with the faculty for distance learning which allows students

more time to integrate the material into their practice. The clinical and skills requirements are the same as the face to face training. Model efficiencies allow more students to progress through the training.

Community Health Practitioner (CHP) - CHA IVs must complete a one week preceptorship to demonstrate patient care experience and perform a minimum of 15 patient encounters as the primary provider. They must also pass the Alaska Community Health Aide/Practitioner Program Credentialing Exam with a score of 80 percent or higher on each section, the statewide Medical Math Exam with a score of 100 percent, and an evaluation of the applicants clinical performance and judgment by the applicant's direct supervisor or other approved evaluator.

Dental Health Aide Training

DHA Training is broken into session and includes a preceptorship. DHAs are also required to take CME throughout the year. Training for the for PDHA and EFDHA is sequential - Session I must be completed before admission to Session II with the exception of DHAT which can be taken separately without completing the other dental health aide levels. Each session consists of didactic, skills, and clinical education followed by approved field work.

Primary Dental Health Aide I – The education for this first level of dental health aides include basic dental anatomy, primary oral health promotion/disease prevention and basic dental procedures such as basic infection control, clean/sterile techniques, identification of dental problems and referral, and dental charting

Primary Dental Health Aide II – The education for PDHA II builds on the first session and focuses on caries and periodontal disease process, dental instruments and equipment, disinfection of operatory, and patient record documentation. PDHA IIs must also master at least one of the following skills: Sealants, Dental Prophylaxis, Dental Radiology, Atraumatic Restorative Treatment, or Dental Assistant Function

Expanded Function Dental Health Aide I – The education for EFDHA I builds on the PDHA I and II instruction and includes Basic Restorative Functions and Dental Prophylaxis. EFDHA Is must also choose one of the following skills: Sealants, Dental Radiology, Atraumatic Restorative Treatment or, Stainless Steel Crowns, primary teeth. The training for basic restorative functions must include a minimum of 21 clinical encounters.

Expanded Function Dental Health Aide II – The education for an EFDHA II builds on the previous levels and includes Advanced Restorative Functions. The training for advanced restorative functions must include a minimum of 21 hours of clinical encounters. EFDHA IIs must choose one of the following skills: Dental Prophylaxis, Sealants, Dental Radiology, Atraumatic Restorative Treatment, or Stainless Steel Crowns, primary teeth

Dental Health Aide Therapist – Upon completion of the program, students are awarded a AAS form Ilisagvik College. The education for DHATs follows the CODA standards and is reviewed regularly by the Dental Academic Review Committee. Included in year 1: didactic instruction on all of the skills learned by the PDHA and EFDHA providers, basic health sciences, basic dental concepts, professional role development, and introduction to clinic, patient and facilities management. In year two, students work in the clinic and it is an expansion of concepts learned in first year, students learn to do extractions, design and implement a community oral health project, and participate in village dental rotations.

Behavioral Health Aide Training

Behavioral Health Aide (BHA) education utilizes a blended learning approach and includes online, in person, and on the job training. BHA training prepares practitioners to provide services across the continuum from prevention, early intervention, intervention, and post-vention. Education for the BHA is sequential - Session I must be completed before admission to Session II. Each session consists of didactic, skills, and clinical education followed by approved field work.

The new BHA program being implemented this fall as a 2-year AAS program, wherein individuals will complete training/requirements for BHA-I certification in the first year and BHA-II in the second year. Courses required for BHA-III and BHP can be completed within 6 months for each level.

Behavioral Health Aide I - education prepares practitioners to screen patients, do the initial intake process, and provide case management, community education, prevention, early intervention. It includes a general orientation to the profession, an orientation to village based behavioral health services, a unit on ethics and consent, and confidentiality and privacy. It also includes an intro to counselling, documentation, group counseling, and family systems. Students learn to survey community resources and case management, working with diverse populations, crisis intervention, HIV/AIDS, and blood borne pathogens, and a community approach to promoting behavioral health.

Behavioral Health Aide II - must complete the BHA I education and builds on that education to include a focus on substance abuse assessment and treatment. It also includes psycho-physiology & behavioral health an intro to co-occurring disorders, tobacco dependency treatment, DSM practice application, advance interviewing skills, ASAM practice application, case studies & clinical case management, traditional health based practices, intermediate therapeutic groups counseling, applied crisis management, community development approach to prevention, and family systems

Behavioral Health Aide III - must complete both BHA I and II education and includes rehabilitative services for clients with co-occurring disorders and quality assurance case reviews. They go on to learn treatment of co-occurring disorders, advanced behavioral health clinical care, documentation and quality assurance, case management supervision, case studies in Alaska native culture based issues, behavioral health clinical team building and supervision.

Behavioral Health Aide Practitioner - must complete all other levels of BHA education and prepares practitioners to provide team leadership, mentor/support BHA-I, II, and III. The education includes issues in village based behavioral health care, special issues in behavioral health services, competencies for village based supervision, and principals and practice of clinical supervision.

Alaska CHAP Program: <http://www.akchap.org/html/home-page.html>

[Questions? Please contact Christina Peters, NDTI Project Director cpeters@npaihb.org](mailto:cpeters@npaihb.org)
[206.349.4364](tel:206.349.4364)