## **Alaska Tribal Health Compacting**

Alberta Unok, President and CEO, Alaska Native Health Board
Monique Martin, Vice President of Intergovernmental Affairs, Alaska Native Tribal Health Consortium
Jacoline Bergstrom, Executive Director Health Services, Tanana Chiefs Conference

**April 2025** 







### Overview

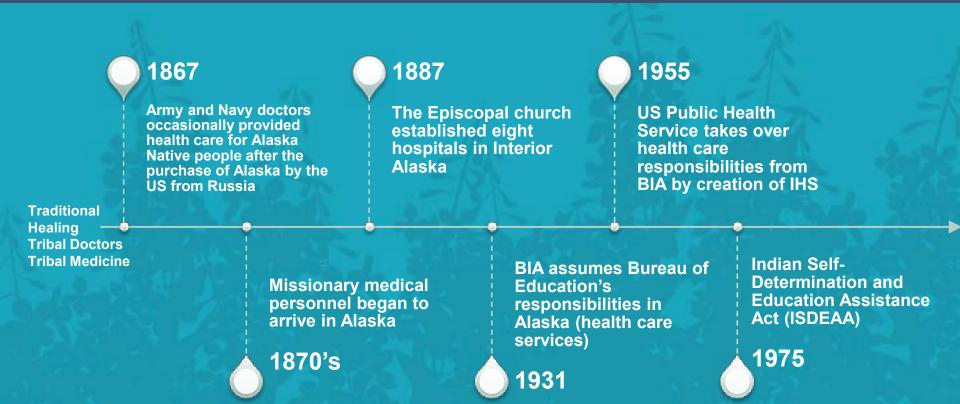
- Alaska Native Health Board (ANHB)
- Alaska Tribal Health System (ATHS)
- Alaska Tribal Health Compact (ATHC)
- Alaska Native Tribal Health Consortium (ANTHC)
- Alaska Native Medical Center (ANMC)
- Tanana Chiefs Conference (TCC)

### **Alaska Native Health Board**



- Established in 1968: Over 55 years of advocacy
- Advocacy: Recognized as the Voice for Tribal Health
- Mission: To promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people
- Honors: Tribal Self-Governance & Self-Determination
- Coordinates the Alaska Tribal Health Compact Negotiations bi-annually

## History of Alaska Native Health



## Alaska Native Health History 1953-1997

- Alaska Native Services (ANS) Hospital built in 1953
- Built to care for Alaska Native people suffering from tuberculosis, a huge epidemic in rural Alaska at the time
- Formerly operated by the Indian Health Service (IHS)





1953





## Contracting and Compacting

- Contracting is the first step in Tribes exercising selfdetermination in healthcare by taking on limited contracts to provide specific services for a specific dollar amount.
- Compacting is the ability of Indian Tribes to have autonomy and to assume the responsibility for programs and services administered to them on behalf of the Secretary of the Interior through contractual agreements.

# Alaska Tribal Health Compact

	Co-Signers	
Alaska Native Tribal		

**Kodiak Area Native Association (1995)** 

Maniilag Association (1995)

**Metlakatla Indian Community (1997)** 

**Native Village of Eklutna (1995)** 

Native Village of Eyak (2011)

Seldovia Village Tribe (1995)

**Southcentral Foundation (1995)** 

SouthEast Alaska Regional

**Health Consortium (1995)** 

Tanana Chiefs Conference (1995)

**Yakutat Tlingit Tribe (2003)** 

Yukon-Kuskokwim

**Health Corporation (1995)** 

**Kenaitze Indian Tribe (2006)** Health Consortium (1997)

**Native Village of Tanana (2022) Aleutian Pribilof Islands** 

**Ketchikan Indian Corporation (1998) Norton Sound Health Corporation (1995)** Association (1995)

**Arctic Slope Native Association (1998) Knik Tribal Council (2009)** 

**Copper Rive Native Association (1995) Mount Sanford Tribal Consortium (2000) Council of Athabascan** 

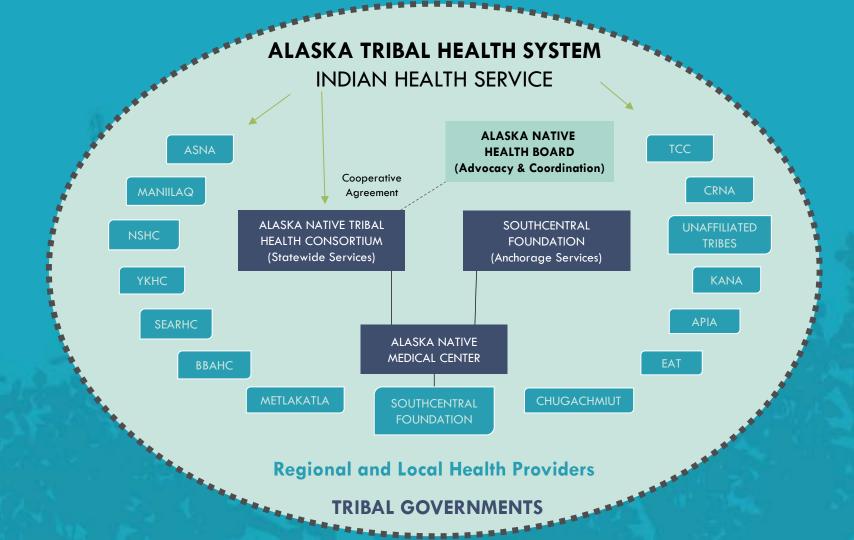
**Bristol Bay Area Health Corporation (1995)** 

**Chickaloon Native Village (2011)** 

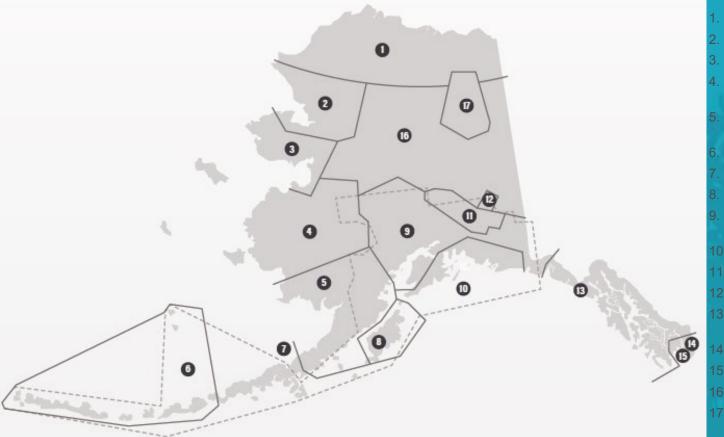
Chugachmiut (1995)

**Tribal Governments (2000)** 

Eastern Aleutian Tribes, Inc. (1997)



## Regional Tribal Health Locations



- 1. Arctic Slope Native Association
- 2. Maniilag Association
- 3. Norton Sound Health Corporation
- 4. Yukon-Kuskokwim Health Corporation
- Bristol Bay Area Health Corporation
- Aleutian Pribilof Island Association
- 7. Eastern Aleutian Tribes
- Kodiak Area Native Association
- 9. Southcentral Foundation (dotted line)
- Chugachmiut
- Copper River Native Association
- 2. Mt. Sanford Tribal Consortium
- SouthEast Alaska Regional Health Consortium
- 4. Ketchikan Indian Community
- 15. Metlakatla Indian Community
- Tanana Chiefs Conference
- Council of Athabascan Tribal Government

## ALASKA TRIBAL HEALTH SYSTEM Referral Pattern and Telehealth Network

Same Scale Comparison - Alaska Area to Lower 48 States



### Impact of Alaska Tribal Health System

Alaska Native Health Board
ATHS Economic Impact Study updated 2021

#### **Economic**

- Supports over 24,600 jobs
- Accounts for 5% of jobs in AK
- Generates over \$3.7 billion in economic activity annually

#### **Voice**

- Voice of Alaska Native people guides what we do
- Set direction
- Success Model

Alaska Native Tribal Health Consortium

Created in 1998 with Congressional authorization

- Provides statewide health services
- Supports all Alaska Tribal health organizations and communities
- Employs 3,000+ staff members





## ANTHC: Operation Areas

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

#### Consortium Business Support Services

The CBSS provides support services for ANTHC and ANMC:

- Administration
- Finance
- Human Resources
- Health Information Technology (IT)
- Marketing and Communications
- Grants Planning
- Risk Management



Community Health Services

#### **Health Care Provider Training:**

Community Health Aides Behavioral Health Aides Dental Health Aides

#### **Health Promotion and Disease Prevention**

Colorectal Cancer Screen Injury Prevention

#### **Statewide Technical Assistance & Specialty Care**

HIV Clinical Care and HIV/STI Prevention Hepatitis Clinic Assessment of Arctic Warming Impact

#### **Health Care Research:**

Hepatitis B and C care Tobacco Research Improving Oral Health



## Community Health Services FY24 Highlights

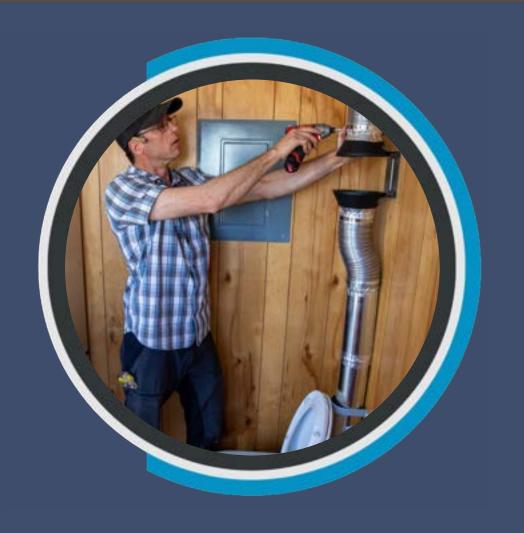
Health Aide Programs

- First Integrated Health Aide Forum held
  - Continuing Education
- Behavioral Health Aide Training Center
  - 5th Anniversary
- 11 Expanded Function Dental Health Aides I

Alaska Tribal Cancer Advisory Network (AkTCAN)

6th Annual Alaska Indigenous Research Program





## Dept of Environmental Health & Engineering

#### **Sanitation Facilities:**

Sanitation facilities design and construction Energy efficiency upgrades

#### **Utility Management Support:**

Utility billing
Emergency response
Construction skills training

#### **Environmental Health Support:**

Community environmental health Institutional environment heath consultation and ANTHC Safety program

#### **Health Facilities Support:**

Clinic design and construction Maintenance and improvement projects for regional hospitals

## Dept of Environmental Health & Engineering

#### FY24 Program Highlights

100 local employees were hired for construction labor Contributing \$1.9 million to local economies.

Scattered Sites program: Septic systems, wells, water filtration systems, and sanitation facility designs in 21 communities, bringing 31 homes online.

250 water and sanitation projects including 35 planning projects, 63 design projects, and implementing projects in 146 communities.

Tribal Water Center provided 8 free trainings Serving 75 communities & 144 students







#### Alaska Native Medical Center

- Located in Anchorage
- Tertiary referral, 182-bed hospital
- Alaska's first Level II Trauma Center
- Level II Pediatric Trauma Center
- ANTHC & SCF operate programs at ANMC under the terms of Public Law 105-83



#### FY24 Numbers



Births: 1,426



Inpatient Discharges: 8,186



Surgical Cases: 19,797



Emergency Department Visits: 58,428



Total Inpatient Days: 52,561



Specialty Clinic Procedures: 24,475



Specialty Clinic Visits: 126,877

## **Serving Traditional Foods**







#### **About Us**

We are organized as Dena' Nena' Henash or "Our Land Speaks";

Alaska Native, non-profit tribal consortium with 42 members, charged with advancing Tribal self-determination and enhancing regional Native unity.

We provide services while balancing traditional Athabascan and Alaska Native values with modern demands.

We work toward meeting the health and social service needs of Tribal members and beneficiaries throughout our region. We are one of 26 co-signers to the Alaska Tribal Health Compact, serving  $^{\sim}$  12% of the total Alaska Native / American Indian population in Alaska.

Service Population around 19,500 in Interior Alaska
~16,500 Alaska Native /American Indian people
~3,000 non-IHS beneficiaries in rural communities and Veterans in the region

## TCC's VISION STATEMENT: HEALTHY STRONG UNIFIED TRIBES

#### **Health Services'**

Vision

Healthy People Across Generations

#### Mission

TCC Health Services, In Partnership with Those We Serve, Promotes and Enhances Spiritual, Physical, Mental and Emotional Wellness Through Education, Prevention and the Delivery of Quality Services

### TCC's GUIDING PRINCIPLE: CH'EGHWTSEN' TRUE LOVE

"Accessible and trusted world-class services provided with unconditional love, compassion, dignity and respect"

"Hear me"



### **Corporate Values: True Love**

Trust
Resiliency
Unified
Empathy

Listen
Ownership
Voice
Excellence



Andy Jimmie, 2<sup>nd</sup> traditional Chief TCC
Former Chairman TCC Regional Health Board, Alaska Native Health Board
& National Indian Health Board

## **Our Region**

39 villages, 37 federally recognized Tribes; 6 sub-regions

235,000 square miles, 37% of the State of Alaska.

Only 11 villages have road access, at least part of the year.

Health services responsibilities shared with other Tribal health organizations

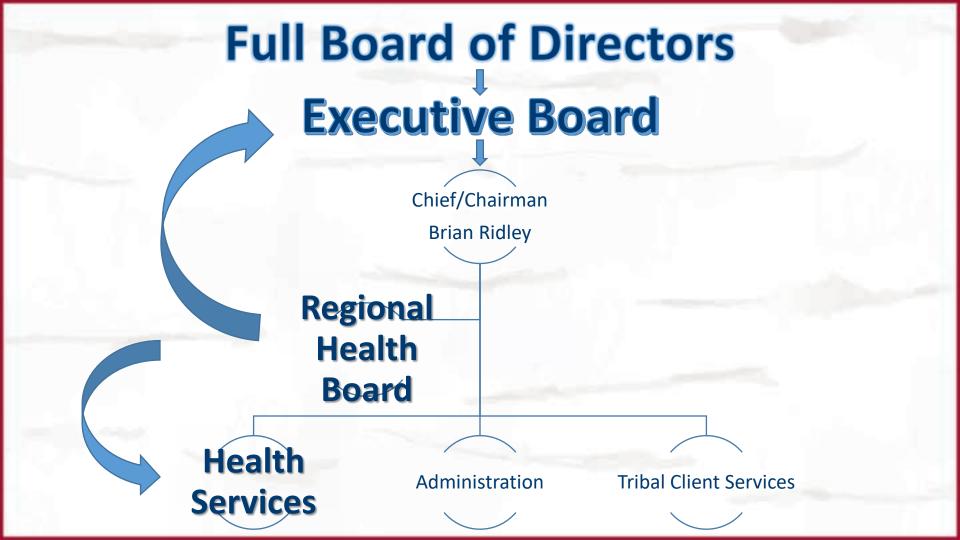


### **TCC Board Structure & Funding**

- Full Board of Directors (N=42), 1 seat for each Tribe/Tribal organization
  - Annual Full Board of Directors meeting
  - Tribal resolutions provide direction
- Executive Board = 9 seats (elected /staggered three year terms)
  - 6 Sub-regional Board Members & 3 officers
  - Advisory members: Health Board Chair, Elder Advisor, Youth Advisor
- Board Committees
  - Regional Health Board
  - Advocacy Committee & Budget & Planning Committee
- Funding
  - Federal (IHS, BIA)
  - State and Federal Grants
  - 3rd party collections
    - Medicaid, Medicare, Private Insurance, VA



Traditional Chiefs of TCC region, 1915



### **TCC Leadership**

- Brian Ridley, Elected Chief/Chairman,
   President/CEO as of March 2023 (1st term 2023 2026)
- Strengthening the Organization & Supporting Tribes, using Self Governance principles
  - Post-pandemic adaptations workforce & services
  - Infrastructure opportunities for our Tribes
  - Food security concerns
  - Public safety concerns
  - Behavioral Health needs
  - Elder services needs



Brian Ridley, Native Village of Eagle TCC President/CEO & Chief/Chairman, Alaska Vice President National Congress of American Indians

#### **Remote Communities in the Interior**

- 11 out of 39 communities have (limited) road –access
  - Most rural Patients rely on airline traffic
  - Medevacs for medical emergencies
- 13 communities with limited sanitation facilities
  - No running water in homes; challenging for infectious diseases
  - Several communities in need of new clinics
- Limited internet access
  - Broadband limitations
  - Limits telehealth reliability
  - limits rural telework options



## **Challenges for TCC Region: Social Determinants of Health**

- Social Determinants of Health
  - Water and Sanitation infrastructure needs
  - Food security salmon crisis / climate impacts
  - Historical trauma, loss of language, culture, boarding schools
  - Limited access to Education / Jobs in rural communities
- Lifestyle behavioral related indicators of health
  - Tobacco & substance use
  - Obesity & Diabetes rates
  - Cancer rates
  - Immunization rates



Circle breakup/flood, 2023



Eagle, breakup, May 13, 2023, photo Ned Rozell

#### **Community Infrastructure**













Outhouse,



#### **Challenges for TCC Region – Food Security**



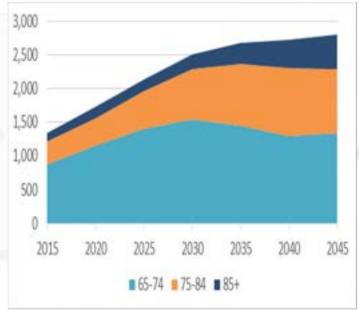


TCC Secretary Treasure, Charlie Wright –

## **Strategic Planning Approach - Tribally Driven**

- Executive Team Leadership Team & Executive Board
- Data driven Baldrige Framework
- Input all stakeholders through:
  - Tribal resolutions
  - Sub-regional meetings
  - Community meetings with TCC Leadership
  - Patient/ client feedback
    - Surveys / focus groups
    - complaints /suggestions
  - Staff feedback

Population Growth projections for Alaska Native elder population in TCC Region (ANTHCepicenter 2022)



An/Al population estimate AK Interior: 16,966 **Birth Rate**: 15.8 / 1,000 (12.8 AK population) **Life expectancy:** 69.5 years (78.2 AK population)

#### **Trends/Concerns from Board & Community Members**

- Meth use, opioid addictions, fentanyl overdoses
- domestic violence /violence associated with addictions
- Public safety
- Lack of jobs
- Fish Disaster; food security; climate change
- State fiscal crisis, energy assistance reductions
- Lack of reliable internet access
- School closures in small villages
- Travel challenges / wait times for appointments

#### **Strategic Initiatives Health 2023 - 2025**

#### Increase Access to all Services

- Increase Staffing / Growing our own
- · work through pandemic "backlog"
- · Increase Telehealth utilization
- Address challenges with Patient travel / Housing partnerships
- Address village clinic infrastructure challenges

#### • Finish Chief Andrew Isaac Health Center expansion and open expanded services:

- Address Workforce challenges
- · Capitalize on partnerships with other Health entities
- new service lines

#### Improve Wellness / Prevention & Behavioral health – integration & Access

- Improve Integration with Primary care & increase access to early intervention and specialty services
- Expand Mental Health/Substance Use prevention & access to care
- Increase access to continued care / step-down programs
- · Address tobacco rates, obesity and other behavioral factors
- Implementation of indigenous healing practices

#### Address Water & Sanitation needs

- 13 communities without water/sewer in-home -partnerships
- Aging infrastructure in other communities
- Capitalize on funding opportunities /advocacy to reduce administrative barriers
- Achieve Re-accreditation of services (Clinical, Behavioral Health, Lab, Radiology)
  - 2023 –reaccreditation AAAHC & ACS –Accreditation
  - 2024 –re-accreditation CARF









## **Pandemic Impacts**

Increased adaptability of how we deliver services

- Telehealth, outside the 4-walls
- Challenges
  - Recruitment/workforce
  - Supply chain challenges
  - Inflation impact to rural communities
    - Disproportionally impacting off-the road communities
    - · Increased cost of goods & fuel
- Opportunities
  - Increased telehealth Services & expanded authorities
  - Broadband expansion \$ for rural communities
  - Infrastructure funding for water & Sewer projects





#### Workforce

- Impacts from the Pandemic continue
  - Health care staff are adaptable, but increased burned -out
  - Increased # staff early retirement/ career change
  - increased request for part-time
  - Despite increase in telehealth, access to care may be reduced
- Medical Inflation
  - Significant increases in wages and incentives
  - Fewer Locums available and at higher cost
- Loan repayment options
  - SHARP 1 & 2 professional shortage designation required
  - Sharp 3 challenge = requires 100% paid by employer
    - consider part-time options or job-share for loan repayment





## Workforce challenges - "growing our own"

**TCC CHAP TRAINING** 















Learn more at

www.lanenechiefs.org/maprogram

### **Chief Andrew Isaac Health Center Expansion**

Designed to meet the needs of our patient population through 2030 Bringing care closer to home

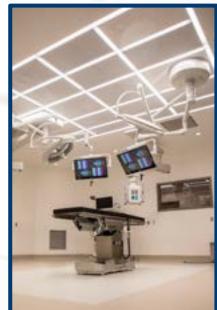


#### **Chief Andrew Isaac Health Center Expansion**

**1.Expanded Existing Services**: Radiology Services with CT-Scan, Expanded Lab services, expanded urgent care /specialties

2.New Services : Ambulatory Surgery Center, Cancer Care & Infusion Center, Audiology, Ophthalmology







## **Behavioral Health**

- Increased need for services
  - Challenges:
    - State grant funding reduced / 1115 waivers did not offset cost
    - Provider enrollment delays
    - Prior authorization requirements
  - Opportunities:
    - Reduce administrative burdenreduce documentation requirements
    - Support BH-SPA proposed changes to remove / reduce Prior authorizations.



Old Minto Family Recovery Camp

On another positive note....

<u>Opportunities</u> through continued strong collaboration with statewide and federal partners

- Tribal Health Medicaid Taskforce
- 100% FMAP
- HB 151 –continuous eligibility for age 0-6
- Improve / expedite patient /client (re)-enrollment process & provider (re)-enrollment process
- Streamline travel-re-authorization & reimbursement process for Tribal health organizations performing Medicaid-travel

<u>Assurances:</u> Tribal Health Organizations are providing quality health care and have strong quality assurance policies and procedures in place.







Dr. Steve Gerrish,



Jenni Prewitt, BS

# IHS Team Award 2022: TCC Cancer Care Committee

- Data analysis of Adenoma (polyp) Detection Rate (ADR) among TCC Patients during Colonoscopies.
- ADR was found to be significantly higher.
- Findings led to adjusted screening interval for colonoscopy from 10 to 5 years.
- Findings published\* in collaboration with ANTHC epi-center

\*Elevated Adenomatous Polyp Detection Rate Among Alaska Native and American Indian People in Interior Alaska, 2018-2022

Public Health Reports 1 –5  $\,$  © 2023, Association of Schools and Programs of Public Health. All rights reserved.

sagepub.com/journals-permissions DOI: 10.1177/00333549221143204 journals.sagepub.com/home/phr

## **Quality Management Recognition**

- SyncTimes Patient Experience Award (2023)
  - TCC received the Patient Experience Award for timely response by Patient Experience staff when requested through the SyncTimes tablets in each exam room
- Accreditation Association for Ambulatory HealthCare (AAAHC) Bernard Kershner Quality Improvement Award (2024)
  - TCC received this National award for a quality improvement study that focused on accelerated Hepatitis C Screening of our patients



Jenni Prewitt, Data Analyst & Vanessa Ketzler, Quality Management Director

## **TCC Pharmacy Recognition**

May 2023 Spotlight IHS National Pharmacy Council Awards Committee

#### Recognition for:

- COVID-19 Response
- Clinical pharmacist specialist provider with full prescriptive authority
- Pharmacist-driven provision of
  - tobacco cessation counseling & medication,
  - · family planning, prenatal care,
  - · Anticoagulation,
  - · independent lab ordering
- Robust tele-pharmacy services in 24 remote village clinics



Alaska Pharmacist Association 2023 Awards for TCC Pharmacists:

Dan Nelson, Bowl of Hygeia Award

Samantha Ervin, Distinguished Pharmacist of the year



# TCC Health representatives / subject matter experts, statewide & national representation



**Crystal Stordahl,** Community Health Aide program (CHAP) director/Community Health Center (CHC) Director

- TCC Representative to the Alaska CHAP Directors
- Alaska's delegate to CHAP -Tribal Advisory Council,
- advising the Indian Health Services on CHAP Nationalization



Marilyn Andon, Deputy Health Director

- TCC representative ANTHC Board
- Alaska Medicaid Taskforce Member
- Alaska Alternate delegate to the SAMHSA Tribal Advisory Council



Melissa Clemente, CHC grant coordinator

- Expert on UDS –(CHC) outcome measures /statewide acknowledged
- Region-X steering committee member for UDS + health outcome measures



**Jacoline Bergstrom**, Executive Director Health Services

- Vice-chair, Alaska Tribal Health Directors
- Alaska Native Health Board, legislative Committee
- National Indian Health Services Budget Formulation Workgroup, Technical representative for Alaska
- Alaska's delegate to the national IHS-Purchased/ Referred Care Workgroup
- Alaska Medicaid Taskforce member



Dan Nelson, Pharmacy Director

- TCC Representative to Tribal Pharmacy Directors committee
- Pharmacy representative to Medicaid Task Force
- Subject matter expert on Pharmacy rules & Regulations
- Former chair of Alaska Pharmacist Association

# "Anaa Basee"

