To understand the challenges Alaska faces to designing cost-effective strategies to reduce health disparities, it is essential to first recognize this simple demographic statistic: 1.2 persons per square mile versus a U.S. average of 87.4.

In a vast and rugged land, providing healthcare to a widely dispersed population—including about 138,000 people who identify as Alaska Native—strains resources ranging from medical personnel to hospitals and critical equipment.

The state’s rural residents, Alaska Natives in particular, lag behind white residents in numerous health measures. Among the indicators noted in the most recent *Alaska Health Care Data Book*:

- Alaska Native mothers were more than twice as likely as white mothers to have experienced such health risk factors as smoking (31.5 percent versus 11.8 percent), fewer than 12 years of education (27.4 percent versus 9.5 percent), and inadequate prenatal care (28.5 percent versus 11.3 percent).

- In every region of the state, Alaska Native third graders had higher rates of dental caries and untreated caries.

- About 45 percent of Alaska Natives identified as smokers compared to 21 percent of non-Natives.

- A higher percentage of Alaska Natives than non-Natives—16 percent versus 7 percent—did not engage in moderate physical exercise.

- From 1998 to 2005, suicide rates for Alaska Natives were substantially higher than for the rest of the population.

**Wanted: More helping hands**

Strategies to reduce such disparities come from a wide variety of sources, most notably from a network of federally-supported community health centers: the state Department of Health and Social Services (DHSS), the Alaska Native Tribal Health Consortium (ANTHC), and the Alaska Mental Health Trust Authority.

To help underserved populations, these entities stress the need to attract and train more healthcare personnel. An Alaska physician supply task force in 2006 found that physician shortages were affecting access to care throughout the state. According to the report, Alaska will require twice as many physicians over the next 20 years to meet healthcare demands as the state’s elderly population triples.
“Building the healthcare workforce is one of our biggest concerns when it comes to addressing health disparities,” says Pat Carr, chief of the Health Planning & Systems Development Section in the DHSS Division of Public Health. Her section runs programs to expand healthcare access, with special focus on rural areas and underserved populations.

One key sign of progress in healthcare is a new public-private partnership founded in 2010, the Alaska Health Workforce Coalition, says Carr. The organization aims to increase the supply of professionals in six key areas: primary care providers, direct care workers, behavioral clinicians, physical therapists, nurses, and pharmacists.

In 2012, the coalition’s efforts include new legislation and working to increase loan repayment assistance for medical professionals, as well as increasing funds to train psychiatric residents, physical therapists, and health educators working in schools. The group also wants to increase the University of Alaska-Anchorage’s faculty to train nurse practitioners, who play a major role in many of the state’s far-flung clinics. In the wake of the 2006 physician supply report, the state has secured more slots for Alaskans at the University of Washington medical school and has succeeded in getting more Alaska-based training for physician assistants.

The importance of reaching out

Many of the new medical specialists will work within Alaska’s system to provide healthcare for underserved individuals and families through a network of 25 nonprofit, federally-funded community health centers (CHCs). The CHCs manage about 142 satellite clinics all over the state. Together, they serve more than 81,000 patients, with an emphasis on primary care and prevention. DHSS, through its Primary Care Office, supports the CHCs’ development and sustainability by providing ongoing assessments of different areas’ health needs, as well as technical assistance in program development and evaluation. The office also monitors the availability of federal funds and advises the CHCs on funding applications.

“These centers are the real heroes in reducing health disparities,” notes Lawrence Weiss, editor of Alaska Health Policy Review. “They do their best to treat anyone who walks in the door, including many non-Native low-income people who don’t have insurance coverage.”

Alaska has been a leader in developing community-based health aides with a strong affinity for the culture and traditions of the people they serve. Many of these aides, who specialize in primary care, behavioral problems, and dental care, are among the Alaska Native Tribal Health Consortium’s (ANTHC) 2,000 employees. Created in 1997 to manage statewide health services for Alaska Natives, ANTHC and numerous regional tribal health corporations across the state operate hospitals, clinics, and trauma centers and programs in such areas as nutrition, cancer screening, tobacco control, and suicide prevention.

“In many isolated villages, including some reachable only by boat, community health aides may be the only healthcare person that people see for long periods,” says Carr of DHSS, who also directs Alaska’s...
Office of Rural Health, which provides grants that help support the training and supervision of community health aides. Typically, aides work under the supervision of nurse practitioners and physician assistants.

ANTHC delivers much of its certification training and continuing education programs for these aides via computer. It also has received a $1.5 million grant from the Indian Health Service (IHS) to create an electronic community health aide manual, which will be integrated into an electronic record system.

Health experts say that telemedicine techniques can deliver solid benefits helping the state achieve more affordable and accessible healthcare. The most common telemedicine application links community health aides, primary care physicians, and other healthcare providers with specialists in Anchorage and other urban centers.

A 2010 telehealth report from DHSS cites several new initiatives:

- The Alaska eHealth Network is developing an interoperable health information exchange network that will allow Alaskans to manage their own health records and authorize providers to exchange records in a timely and secure fashion. Another project will create an electronic health record network linking community health centers.

- Under the Alaska Psychiatric Institute Telebehavioral Services program, healthcare providers and their patients can access real-time videoconferences with psychiatrists, psychologists, and social workers in Anchorage. To keep patients in community settings, the program has launched a new effort to help primary care physicians in rural areas identify and treat depression.

- An IHS-sponsored pilot program for the Eastern Aleutian Tribes issues remotely monitored blood pressure equipment to patients who live in isolated villages and are unable to travel, which is a cost-effective alternative to office visits.

**Targeting areas of need**

Beyond telehealth, Alaska serves as a testing ground for many other approaches—some unique to the state—aimed at addressing disparities while keeping costs in check.

The Alaska Mental Health Trust Authority, part of the state Department of Revenue, targets behavioral problems, such as depression, alcoholism, and domestic violence, which over the years have been more prevalent in Alaska than in many other states. The trust, which operates much like a nonprofit foundation, disburse about $25 million in grants annually from revenues tied to its extensive real estate and land holdings, such as timber and mineral leases. Target areas include: affordable housing, workforce development, and programs for people experiencing developmental disabilities and dementia.
“Just as important as the money we disburse is our role in advocacy and planning,” says Delisa Culpepper, MPH, the trust’s chief operating officer. “Our mission is to be a watchdog and catalyst for change in comprehensive mental health programs”

She says that the trust, through its program managers, is very committed to monitoring both short-term activities and long-term outcomes of the programs it helps to fund.

Examples of the trust’s activities include its partnership with the state in funding “Bring the Kids Home,” which focuses on early detection and treatment of mental illness in children and adolescents in community settings, rather than in distant institutions. Since 2006, the number of children in out-of-state facilities has dropped from 743 to 120. A typical grassroots project is a new 3,100-square-foot sobering center in the city of Bethel. The $1.9 million facility provides a safe and less costly alternative to jail and hospital stays. Clients get medical screening, risk-reduction information, and referrals to alcoholism treatment programs. Here, again, the trust had several partners: the state DHSS Division of Behavioral Health, the Yukon-Kuskokwim Health Corporation, Bethel Community Services Foundation, and the city of Bethel.

In addition to such partnerships, DHSS supports a whole host of programs aimed at reducing health disparities at lower cost, primarily by focusing on prevention. To cite just a few examples:

- The Statewide Suicide Prevention Council has launched a new plan for 2012-2017 that sets forth goals and strategies for reducing the suicide rate. In most years, Alaska’s suicide rate is double that of the United States as a whole.

- DHSS partnered with the nonprofit Alaska Sports Hall of Fame on a 2012 program called Healthy Futures Challenge to promote physical activity among elementary school children. About 30 percent of the state’s grade school children are obese.

- From 2011 to 2014, community coalitions can use $10.3 million in federal funds, disbursed by DHHS, for comprehensive alcohol prevention programs aimed at teens and binge drinkers. Total costs of underage drinking exceed $320 million annually, according to the state.

- Under a demonstration program supported by the Centers for Medicare & Medicaid Services (CMS), DHSS is pioneering Frontier Extended Stay Clinics that provide a higher level of care for patients in remote areas, reducing the need for expensive medevac services.

Dana Diehl, disparities program coordinator for the DHSS Tobacco Control and Prevention Program, says it’s essential to include evaluation and surveillance specialists in programs that address health disparities. “Without that expertise, you can’t demonstrate the effectiveness of your program or expect to receive continued funding,” says Diehl. She points to progress made in the state’s campaign to reduce the rate of cigarette smoking among Alaska Native teens. The rate dropped from 62 percent in 1995 to just 23 percent in 2009, due to such measures as media campaigns and strong backing from schools, tribal health centers, and community groups.
Despite such progress, Alaska, like most states, faces ongoing struggles in its efforts to reduce health disparities. Weiss of the *Alaska Health Policy Review* cites failed attempts to raise the income ceiling beyond 175 percent of poverty level for families seeking eligibility under the Children’s Health Insurance Program. “As a result, a lot of deserving children are suffering,” says Weiss.

Carr points out that when it comes to expanding health equity efforts, there is increasing pressure at both the state and federal level for greater accountability in measuring and monitoring performance outcomes. “Alaska is doing better than many states in keeping health equity related programs funded, but competition for resources is still very tough and reduction in health disparities isn’t everyone’s priority,” she says.

**You can learn more about health equity initiatives in Alaska by consulting these sources:**

Alaska DHSS Division of Public Health  
http://hss.alaska.gov/dph/

Alaska Division of Public Health FY 2011 Strategic plan  
http://www.hss.state.ak.us/dph/director/PDFs/FY11_DPHStrategicPlan.pdf

Alaska DHSS Health Planning and Assistance Development Section  
http://www.hss.state.ak.us/dph/healthplanning/ruralhealth/default.htm

Alaska Primary Care Association  
http://www.alaskapca.org/default.aspx

Alaska Mental Health Trust Authority  
http://www.mhtrust.org/

Alaska Native Tribal Health Consortium  
http://www.anthctoday.org/about/index.html

Alaska Score Card 2011  
http://www.hss.state.ak.us/dph/healthplanning/scorecard/assets/scorecard.pdf

*Alaska Health Care Data Book*  
http://www.hss.state.ak.us/dhcs/healthplanning/publications/healthcare/default.htm#download

Status Report on Telehealth and Health Information Technology (2010)  

Health Risks in Alaska Among Adults (2011)

2010 Alaska Legislative Report on Suicides
http://archives2.legis.state.ak.us/PublicImageServer.cgi?lra/2011/11-015m.pdf

Alaska Health Workforce Coalition
https://sites.google.com/site/alaskahealthworkforcecoalition/home

Report of the Alaska Physician Supply Task Force
http://www.hss.state.ak.us/commissioner/Healthplanning/publications/assets/PSTF-06.pdf

Alaska Psychiatric Institute Telebehavioral Services
http://hss.state.ak.us/dbh/API/telepsychiatry.htm

2012-2017 State Suicide Prevention Plan