WAY UP NORTH

Having worked with Hawaii’s U.S. Senator Daniel K. Inouye for 38+ years, I have had the opportunity to visit Alaska on a number of occasions, including during my APA Presidential year in 2000. Senator Inouye was a close personal friend of Senator Ted Stevens and over the years, I became impressed by the many similarities which existed between their two states, especially among the indigenous Native Hawaiian and Alaska Native populations. In my judgment, the Southcentral Foundation health system, with Katherine Gottlieb as its President, is the finest health care system in the nation. Similarly, the Cook Inlet Tribal Council, with Gloria O’Neill as its President, is a fascinating and highly effective human resources organization. Both of these visionary institutions focus upon providing care and services to Alaska Natives and represent an unprecedented opportunity for psychology’s next generation of indigenous providers – especially since their leaders respectively serve on the Board of Regents of Alaska Pacific University (APU) and the University of Alaska (UA).

The Health Resources and Services Administration (HRSA) is one of the most important federal agencies for psychology, nursing, and the other non-physician health care providers. It funds the all-important Federally Qualified Community Health Centers (FQHCs) network, which began under President Lyndon Johnson’s Great Society Era. And, it is the home of the Graduate Psychology Education (GPE) program, targeted to training colleagues to work with underserved populations. The Fiscal Year 2016 GPE budget request would provide $7,916,000, noting that the demand for behavioral health services will grow as more individuals are covered under the President’s Affordable Care and Patient Protection Act (ACA) and the Mental Health Parity and Addiction Equity Act.
At Alaska Pacific University, Bob Lane currently has one Native Alaska adjunct faculty member and one native student, as well as two additional American Indian students. APU invites a number of guest speakers from the Alaska Native community and is actively seeking to make education more accessible in remote regions via blended classes and intensive weekend residencies. The University of Alaska (UA) program has an Alaska Native Board of Elders to provide guidance to the faculty and students to ensure that the program is culturally relevant and designed to meet the needs of the Alaska Native population. Jim Fiterling reports that before they even begin their doctoral training, all newly admitted students attend an intensive cultural retreat and sit literally, as well as figuratively, at the feet of these Elders. UA has Native Americans as adjunct faculty, teaching courses such as Native Ways of Knowing. The doctoral program has several graduates – including their first Alaska Native – working in the Alaska Native Health Corporations throughout the state, providing opportunities for telepsychology and telesupervision at distal sites in rural Alaska. Interestingly, Rod Baker recently noted the Veterans Administration (VA) Office of Inspector General report found that psychology was one of their “largest staffing shortage” occupations – a finding definitely relevant to Alaska.

HRSA Administrator, Mary Wakefield: “HRSA is the primary Federal agency for improving access to health care by strengthening the health care workforce, building healthy communities and achieving health equity…. (T)he Health Center program will continue to play a critical role in the health care system by providing high quality, affordable and comprehensive primary care services in medically underserved communities even as insurance coverage expands.” The HRSA Office of Rural Health Policy was established in 1987 to serve as a focal point for rural health activities within HHS, including advising on rural policy issues, conducting
and overseeing policy-relevant research on rural health issues, and administering grant programs that focus on supporting and enhancing health care delivery in rural communities.

Historically, rural communities have struggled with issues related to access to care, recruitment and retention of health care providers of all disciplines, and maintaining the economic viability of hospitals and other health care providers in isolated rural communities. Nationwide, there are over 46 million citizens living in rural America who face ongoing challenges in accessing health care. Rural residents have higher rates of age-adjusted mortality, disability, and chronic disease than their urban counterparts. The goal for the President’s “Improving Rural Health Care Initiative” is to build healthier rural populations and communities through evidence-based practices. This will include the coordination of rural health activities within HHS and across the Federal Government. The broad and non-categorical nature of HRSA’s programs allows the office to focus funding on key emerging needs.

HRSA’s pilot rural family medicine residency training initiative, in which the first year of training takes place in urban-based locations and the second and third years of residency occur in rural locations, resulted in 70% of the graduates staying in rural practice after completing their training. The telehealth grant program is expanding the use of telecommunications technologies within rural areas that link rural health providers with specialists in urban areas, thereby increasing access and the quality of healthcare provided to rural populations. Telehealth technology also has been found to offer important opportunities to improve the coordination of care in rural communities. The Office of Rural Health Policy plans to expand its work with the VA addressing veterans’ access to rural health providers through the support of pilot programs that use telehealth and health information technology exchange to enhance services for rural veterans. In addition, the Office is working with the VA Office of Rural Health on the
implementation of the Veteran’s Choice Act which allows rural hospitals and clinics to provide services to Veterans who reside more than 40 miles from a VA facility. The Fiscal Year 2016 budget request for the Office of Rural Health Policy is for $127,562,000.

This winter I had the opportunity to visit American Samoa for the first time. Without question, this U.S. territory personifies rural America with all of its unique challenges and its indigenous population. Rural American, however, also provides unprecedented opportunities for those with vision, persistence, and compassion. The HRSA Pediatric-Emergency Medical Services (EMS-C) program was established back in 1984, following up on my daughter’s use of a then-typical hospital emergency room. In American Samoa I had the pleasure of meeting with those in charge of their EMS-C program. It was a wonderful experience seeing how they can respond effectively to local crises, including those caused by natural disasters. Most intriguing was their willingness to utilize their limited resources to address their most pressing needs. For example, transportation itself can be quite a challenge for the elderly throughout rural America and thus the EMS-C personnel conduct home visits – thereby avoiding predictable future crisis calls to the LBJ hospital emergency room. In our judgment, the $20+ million HRSA budget request this year for this national program is truly an outstanding investment in the nation’s future. Incidentally, during one of my visits to Alaska I had a similarly rewarding experience, seeing how your EMS-C staff were creatively responding to the overwhelming need for helicopter support from rural Alaska. Those with vision and persistence do make a real difference in the daily lives of our citizenry. Mahalo. Way up north, to Alaska. Aloha,

Pat DeLeon, former APA President – Alaska Psychological Association – February, 2015