

**American Academy of Pediatrics
Council on Community Pediatrics
Rural Health Special Interest Group**

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Pediatric Healthcare in Rural Alaska

What is the status of pediatric healthcare delivery in rural Alaska? This simple question arose during a Rural SIG conference call this last summer, which I participated in as a consultant to the committee. The conversation quickly evolved to touch upon many other questions, beginning with how pediatric healthcare is constituted in Alaska. How much of the rural pediatric care is public health versus private sector, and how much of that is actually delivered by pediatricians? Who are the other providers, and where do they get the guidance, support, and advocacy offered by the AAP to pediatricians? Is the Rural SIG or AAP interested in having a more direct relationship with these other providers? Are the providers in Alaska interested in somehow being a part of the AAP? If so, what form would that relationship take for non-pediatricians?

Plainly speaking, I could not fit the answers to all those questions into a listserv piece. What follows is a brief piece I wrote for the SIG to bring into focus a picture of rural pediatric health care in Alaska, drawn in large part from my experience caring for Alaska Native children. The text should be considered a preview only, and could be followed by a more detailed effort for/by the SIG and the AAP on a possibly expanded collaboration with pediatric health care providers in Alaska. The ultimate goal would be to synthesize public/private partnerships seeking to contribute to improved health and life outcomes for the children of Alaska.

Glimpse of the Great Land

More than half of the Alaska Native pediatric population is Eskimo, one-third is Indian, and the remainder is Aleut. The State encompasses one-fifth of the total land mass of the United States. With two oceans and three major seas, Alaska has as many miles of sea coast as the combined Atlantic and Pacific seaboards. Enormous distances separate most settlements. Anchorage is 1,445 air miles distant from Seattle, Washington, the closest city with a major pediatric medical center. Immense mountain ranges, stretches of tundra, glaciers, impassable river systems, and expanses of open water separate communities within the State. The distance from many communities to the nearest secondary or tertiary medical facility is equivalent to the distance from New York to Chicago.

Rural Pediatrics and Health Disparities

Many "outside" of Alaska would consider the entire state to be "rural," and the overwhelming majority of rural pediatric care is delivered via the Alaska Native health care system. There are very few private physicians outside of communities on the road or ferry system, and no pediatricians. Most of the hub communities on the road and ferry system have at least one, and sometimes more, pediatricians. The State has a very large pediatric population, compared to the lower 48, and an overall younger average age for

the population. The birth rate for Alaska Natives ages 15-17 is about four times the national average. The leading cause of post neonatal mortality is SIDS, with a rate that is decreasing, but is still almost twice that of the U.S. rate. Other major pediatric health status disparities include a higher rate of documented child abuse; higher injury mortality, both intentional and unintentional; a higher rate of teen pregnancy, and a much higher rate of hospitalization in the first year of life for lower respiratory infection. H.pylori is endemic, as are iron deficiency anemia and oral caries in Alaska Native Children.

The System of Rural Pediatric Health

Challenges are abundant in pediatric health care in Alaska, especially in caring for Alaska Native children. Even so, we possess “possibly the best-organized aboriginal health system in the world, imperfect as it sometimes seems to me, I have yet to see a better one anywhere in the US, or northern Europe, and those are the bright spots in the world,” to quote a well known Alaskan pediatrician.

The tribal health systems take responsibility for all children in the community by providing both preventative and acute care. The commitment of the tribal health systems is quite similar to that of the Council on Community Pediatrics of the AAP, to assure that all children in a given population receive the care they deserve to safeguard all aspects of their health, regardless of geographic location or site of service rendered.

The Alaska Area Health Service works in conjunction with tribal health organizations to provide comprehensive health services to approximately 120,000 Alaska Native people. In addition, the rural clinics and regional centers administer care to non-beneficiaries on a fee for service basis. Alaska Tribes manage 99% of the Indian Health Service funds earmarked for Alaska. Seven tribally operated hospitals are strategically located in Anchorage, Barrow, Bethel, Dillingham, Kotzebue, Nome and Sitka, with pediatricians in Anchorage (12), Bethel (4), Sitka (2), Dillingham (1) and Nome (1). The majority of pediatric health care outside of Anchorage is delivered by family practice physicians, mid-level nurse practitioners, physician’s assistants, and community health aides. There are 28 tribal health or “regional” centers and 176 village clinics operate throughout the State. Private hospitals and practitioners supplement Native health care in urban centers, just as Native health practitioners supplement private patients care in rural areas.

Alaska Native Medical Center (ANMC) is the tertiary referral campus and is managed by two tribal health organizations. Alaska Native Tribal Health Consortium (ANTHC) operates two-thirds of the programs, and Southcentral Foundation (SCF) operates the remaining one-third. Located geographically within the boundaries of SCF tribe, ANMC operates as the “gatekeeper” for most of the specialty care required by Alaska Natives. The campus includes the 200+ bed hospital opened in 1997, with its level II trauma center, as well as adult, pediatric, and neonatal critical care units, and an extremely busy and rapidly expanding outpatient center. Hospitalized children are attended by a well-developed pediatric hospitalist group. Primary outpatient care for kids is delivered by pediatricians, nurse practitioners, and family medicine physicians.

The principal provider of health care at the village level is the Community Health Aide (CHA) or Practitioner (CHP). Selected by the village council, the CHA/P is responsible for adult and pediatric patients, gives first aid in emergencies, examines the ill, reports their symptoms to a physician or mid-level provider via phone or telemedicine, carries out the

treatment recommended, instructs the family in nursing care and conducts health education in the villages. Close to 90% of the villages are accessible only by small engine aircraft. The CHA/P responds to medical emergencies 24/7 in addition to working standard clinic hours. Intermittently, other health care providers do field trips to work with the health aides. Some are ANMC or regional hospital physicians; others are public health nurses, veterinarians and sanitarians. But most of the time, the CHA/P works alone in the village.

There are 176 tribally operated village-built clinics with about 500 community health aides or practitioners delivering health care to Alaska Natives. Non-native beneficiaries are seen as well, especially for emergency care. The nursing section of the State of Alaska, Department of Health and Social Services serves about 300 Native and non-native communities. About 90 public health nurses deliver most of the health service programs, working in regular health centers with physicians or traveling to small communities where they work closely with CHA/Practitioners.

All Those Unanswered Questions

For anyone still reading, you know that I left unanswered many of the questions asked at the beginning of this piece. I'm hopeful that at least a partial image of pediatric rural health care in Alaska comes through, and would be pleased to continue working on the questions. Clearly, the majority of pediatric health care here will continue to be provided by non-pediatricians who may be geographically isolated by wilderness, socially isolated from their families of origin and their colleagues in medicine, educationally isolated from regularly updating their passion for their profession, and clinically isolated from the many medical specialists needed to care for their complex patients.

In terms of a possibly expanded role for the AAP in Alaska, I'll tell you my opinion honestly. Alaskans tend to be an insular group, by necessity and by nature. Working on this piece gave me the opportunity to look backwards a bit in time, to the group of Indian Health Service pediatricians who preceded my tenure here. These individuals were "leaders and contributors in combining clinical pediatric and public health practice," who had a vision at the end of the workday that included better health and life outcomes for their patients. Turns out, they were all AAP contributors, not just members. As one of them said to me about the AAP, "I remember their track record for advocacy and support. It worked best as a partnership, superbly when led by local innovation. They had plenty to offer when we had something to share with them. I think they would offer plenty if the partners were here."

Would that be the case? Who would those "partners" be in Alaska? The roster of necessary partners in the State is diverse, representing both the public and the private sector. Included are family medicine physicians, community health aides, nurse practitioners, public health nurses, physician's assistants and other health care-related professionals as well as pediatricians. Does it make sense to try to synthesize public/private partnerships among these diverse professionals, perhaps contributing to improved health and life outcomes for children in rural areas?

Who would benefit the most as a result of the AAP expanding its affiliation and exporting more of its guidance, support, and advocacy to providers of rural pediatric care? The answer is: the children.

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