Contribution to the Sustainability of Tribal CHR Programs in Arizona
CDC-CCR Grant
Introduction

Ashley Lazaro
Training Officer 1
CDC-CCR Grant Team

Kiani Becerra
Grants Coordinator
CDC-CCR Grant Team

Janet Yellowhair
Research Coordinator
NAU Evaluation Team
Learning Objectives

- **Objective 1.** To share sustainable goals created from short-term funding for Tribal CHR programs and focus on the impact of how Tribal CHR Programs working together continues to strengthen the CHR workforce

- **Objective 2.** To distinguish the strengths and needs of different tribal CHR Programs through Program to Program Mentoring (PPM)

- **Objective 3.** To educate and provide awareness of what the roles of CHRs and their crucial impact in the tribal communities
Community Health Workers for Covid Response and Resilient Communities (CDC-CCR)
Community Health Workers for Covid Response and Resilient Communities (CDC-CCR)

- This Notice of Funding Opportunity (NOFO) supports this work through training and deployment of community health workers (CHWs) to response efforts and by building and strengthening community resilience to fight COVID-19 through addressing existing health disparities

- Program strategies include:
  - Integrating CHWs into organizations and care teams
  - Strengthening relevant CHW knowledge, roles, and skills to prepare them to successfully engage with existing state and/or local public health-led actions to manage COVID-19 among priority populations
CDC-CCR Recipients

- Total Recipients: 68 Government and 8 Tribal Entities
- In Arizona (award $ per year):
  - AHCCCS/AACIHC ($2 M)
  - Tuba City Regional Healthcare Corp ($2 M)
  - Yuma County ($849,505)

Arizona
Arizona Health Care Cost Containment System
Tuba City Regional Healthcare Corporation
California
Tule River Indian Health Center Inc.
United American Indian Involvement
New Mexico
Albuquerque Area Indian Health Board
Oklahoma
Cherokee Nation
Cheyenne & Arapaho Tribes
Wisconsin
Red Cliff Band of Lake Superior Chippewa
Community Health Representatives (CHRs) are distinctive from care team professionals in three primary ways:

1. **Relationship and trust-building relationships**: CHRs identify specific needs of patients in context
2. **Communication**: CHRs improve continuity and clarity, between provider and patient
3. **Focus on Social Determinants of Health**: CHRs focus on conditions in which people are born, grow, work, live and age
CHR Programs in Arizona

- Ak-Chin Indian Community
- Colorado River Indian Tribe
- Cocopah Indian Tribe
- Fort McDowell Indian Tribe
- Fort Mojave Indian Tribe
- Gila River Health Care
- Havasupai Tribe
- Hopi Tribe
- Hualapai Tribe
- Kaibab-Paiute Tribe
- Navajo Nation
- Pascua Yaqui Tribe
- Quechan Tribe
- San Juan Southern Paiute
- San Carlos Apache Tribe
- Salt River Pima-Maricopa Indian Community
- Tonto Apache Tribe
- Tohono O’odham Nation
- White Mountain Apache Tribe
- Yavapai-Apache Nation
- Yavapai-Prescott Indian Tribe
Community Health Representative Workforce Integration in Tribal Health Systems to Address COVID-19

(CHR WITH uS!)
The Arizona Advisory Council on Indian Health Care (AACIHC) has been collaborating and working with Tribal CHR Programs in the areas of:
- Medicaid Reimbursement
- CHW Voluntary Certification
- Workforce Development
- Training Opportunities

AACIHC applied for the CDC-CCR Grant as a consortium (5 subcontracted Tribes and Northern Arizona University)
- In August 2020, AACIHC was awarded
- Grant Duration: August 31st, 2021 through August 30th, 2024
CHRs WITH uS! Partners
Grant Goals

• The goals of this grant are to:
  – Enhance and expand the training and deployment of CHW/CHR to COVID-19 response efforts
  – Build and strengthen community resilience to respond to COVID-19 and future public health emergencies
  – Decrease the impact of COVID-19 on at-risk populations
  – Decrease health disparities and increase health equity to target populations
Objectives

- **Train** CHR to ensure comprehensive acquisition and reinforcement of relevant knowledge, roles and skills to support the COVID-19 public health response to manage outbreaks and community spread.

- **Deploy** CHR to support the COVID-19 Public Health Response to manage outbreaks and spread of COVID-19 among American Indian (AI) communities in Arizona.

- **Engage** CHR to help build and strengthen AI communities in resilience to mitigate the impact of COVID-19 by improving the overall health of their populations.
Success Stories

- Program to Program Mentoring
  - Gila River & White Mountain Apache Tribe
    - Data Tracking
  - Salt River Pima-Maricopa Indian Community & Cocopah Indian Tribe
    - Diabetes Initiatives
- Events our Partners have Hosted
  - Cocopah Indian Tribe
    - Fun in the Sun
  - Hualapai
    - Self Care Retreat
- Over 30 Trainings provided so far in Year 1 & 2 including:
  - Training to You
  - Diabetes Training
  - Basic Epidemiology
  - CHR Emergency Preparedness during Public Health Crisis
  - Motivational Interviewing and Vaccine Hesitancy
Sustainability of CHR Workforce

• Currently, the main funding source for many CHR programs comes from multiple grants
• Community Health Worker Voluntary Certification
  – In Arizona, CHWs/CHRs have the opportunity to become voluntary certified
  – The Arizona Department of Health Services created and administers the certification online
  – Some of the benefits of a CHW/CHR becoming voluntary certified include professionalism advantages & Medicaid Reimbursement
• Medicaid Reimbursement
  – Currently, AHCCCS is working toward building what reimbursement will look like for CHR Programs
  – When CHRs are able to bill for the services they provide this will have benefits for the funding of the programs
NAU Evaluation Team
Publications

Community Health Representative Workforce: Integration across systems and teams to address the social determinants of indigenous health and wellbeing

Samantha Sabo1,*, Louisa O’Meara1, Janet Yellowhair1, Joyce Hamilton2, J. T. Neva Nashio2, Brook Bender3, Fernando Flores Jr.3, Marianne Bennett1, Rema Metts1, Isabella Denton1 and Kim Russell1

1Center for Health Equity Research, Northern Arizona University, Flagstaff, AZ, United States; 2Hopi Tribe, Hopi Reservation, AZ, United States; 3Yavapai-O’odham Nation, Prescott, AZ, United States

Tribally employed, Community Health Representatives (CHR) serving Indigenous and Alaskan Native (AIN) peoples are culturally and linguistically embedded community leaders, with the unique ability to serve as the link and intermediary between community members and systems. Unique to the CHR workforce scope of practice is the expectation for high level integration within the medical and social service care teams. This explicit role outlined in the scope of work sets an expectation for both CHR and care teams to

INTRODUCTION

In 1996, the Indian Health Service (IHS) founded the Community Health Representative (CHR) program through P.L. 104-155 as a component of healthcare services for American Indian and Alaska Native (AI/AN) people. This policy established the first federally funded, community health worker (CHW) workforce, with origins in emerging antioppression and migrant health movements of the 1960s. In 1975, the Indian Self-Determination and Education Assistance Act (P.L.

OPEN ACCESS

Check for updates

Samantha Sabo
Department of Health and Human Services
E-mail: samantha.sabo@nau.edu

PUBLIC HEALTH

This article was submitted to Public Health Education and Promotion, a section of the journal Publications in Public Health

Received: 17 September 2022
Accepted: 22 February 2023
Published: 15 March 2023

Tribally employed, Community Health Representatives (CHR) serving Indigenous and Alaskan Native (AIN) peoples are culturally and linguistically embedded community leaders, with the unique ability to serve as the link and intermediary between community members and systems. Unique to the CHR workforce scope of practice is the expectation for high level integration within the medical and social service care teams. This explicit role outlined in the scope of work sets an expectation for both CHR and care teams to
Integration Manuals

- CHR Clinical Care Team Integration
- CHR Integration for High-Risk Care Coordination
- Emergency Preparedness
- Vaccine Rollout (addendum to PHEP)
Collaboration with Indian Health Services

Using Innovative & Collaborative Approaches to Support Community Health Partners

Community Health Representative Workforce: Meeting the Moment, Evidence for Action

1. CLEAR Scope of Work
2. SUPERVISION Regular Meetings
3. FIND YOUR CHAMPION OF CHWR INTEGRATION

CHWRs are saving members’ lives

10 core roles

Science
System
Teams

Cost of Care
Quality of Care
SDOH

Most Valuable Contribution

Improve:
- Chronic Disease Control
- Mental Health
- Promote Health Behavior
- Patients’ Perceived Quality of Care
- Health Inequities

CHR have very different history & funding

$5K for the first conference

Reach out

SDOH: Nothing about us, without us!

Reduce:
- Emergency Care use
- Hospitalizations
- Health care spending

Outcome: CHWRs are saving members’ lives

Case Studies

Out of 22 tribes in Arizona, 19 operate a CHR program

30% of CHR programs in AZ. Believe they are part of the care team

30 years of impact and value of CHR roles in communities

CHWs are the backbone of healthcare

Here on the reservation

Arizona Medicaid Contracted Health Plan Leadership

Challenges

Access to records

Active referrals

Shared workspace

Involves CHWRs in multiple aspects of care

Arizona Medicaid Contracted Health Plan Leadership

DURING COVID OUTBREAK, CHR HAD A CRITICAL ROLE IN THE RESPONSE

Out of 22 tribes in Arizona, 19 operate a CHR program

27% CHRs in the workforce in AZ
Arizona CHR Workforce Assessments
Summary

- CHRs are key to tribal community health
- Utilizing the funds in a strategic manner to sustain the CHR workforce
- Advocacy for CHRs through evaluation strategies
Questions?
Contact Information

**CDC-CCR Grant Team**
- Ashley Lazaro, Training Officer 1  
  ashley.lazaro@aacihc.az.gov
- Kiani Becerra, Grants Coordinator  
  kiani.becerra@aacihc.az.gov
- Isabella Denton, Grant Manager  
  isabella.denton@aacihc.az.gov

**NAU Evaluation Team**
- Louisa O’Meara, Research Coordinator Sr.  
  Louisa.Omeara@nau.edu
- Janet Yellowhair, Research Coordinator  
  Janet.Yellowhair@nau.edu