

Introduction



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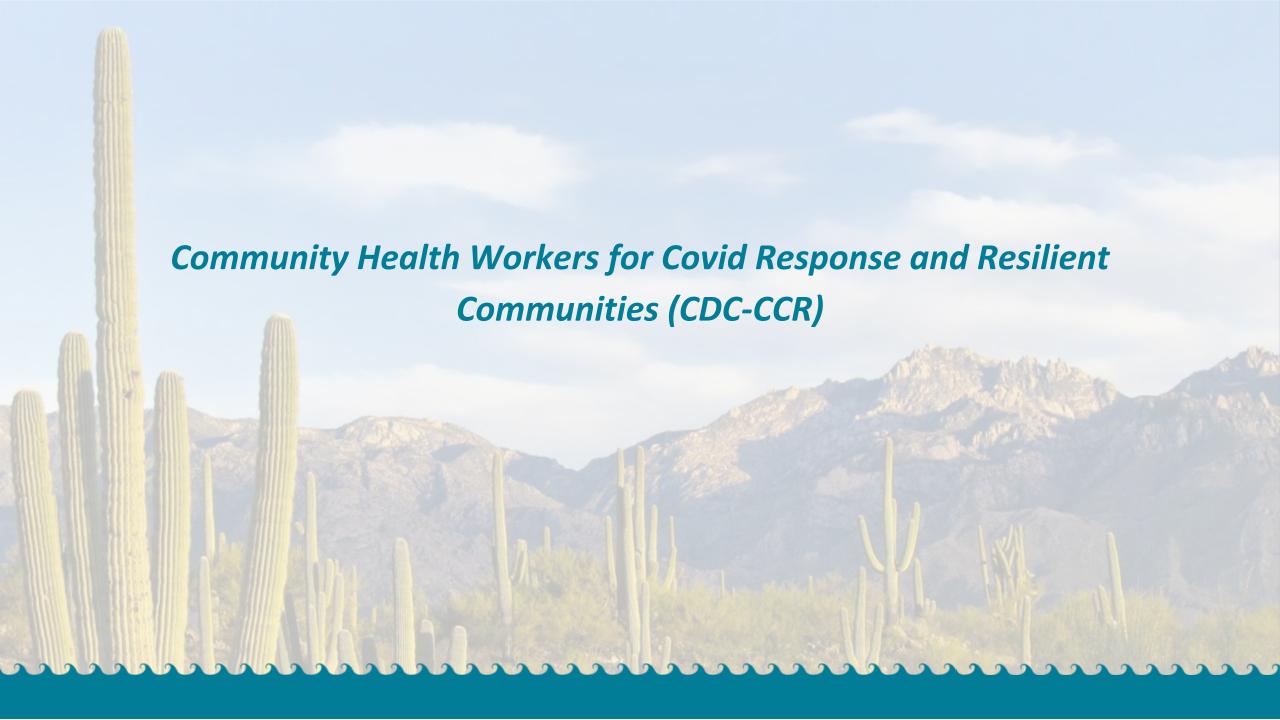




Learning Objectives

- **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)

- 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

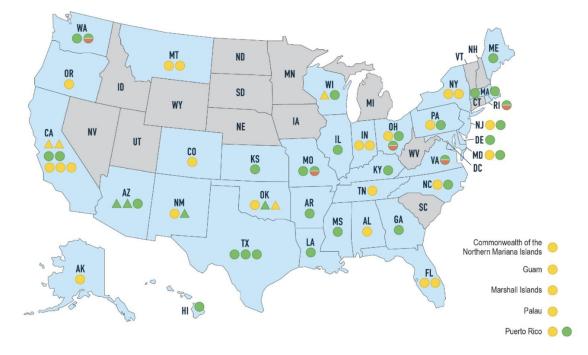
Cherokee Nation

Cheyenne & Arapaho Tribes

Wisconsin

Red Cliff Band of Lake Superior Chippewa

Community Health Workers for COVID Response and Resilient Communities (CCR) Recipients



Organization Type

- State, locality, territory, or freely associated state
- Tribe, tribal organization, urban Indian health organization, or health service provider to tribes

Funding Type

- Component A | Capacity Building
- Component B | Implementation Ready
- Component B and C | Implementation Ready and **Demonstration Project**







State without





Community Health Representatives as a Solution

Community Health Representatives (CHRs) are distinctive from care team professionals in three primary ways:

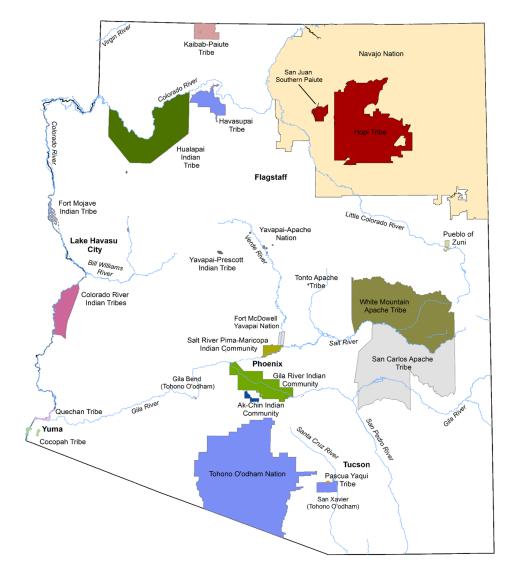
- **1. Relationship and trust-building relationships:** CHRs identify specific needs of patients in context
- 2. Communication: CHRs improve continuity and clarity, between provider and patient
- **3. Focus on Social Determinants of Health:** CHRs focus on conditions in which people are born, grow, work,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







CHRs WITH uS! Background

- 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





Center for Health Equity Research







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







Publications

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OPEN ACCESS

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Sabo S, O'Meara L, Yellowhair J, Hamilton J, Nashio JTN Render B Flores F. Jr Rennett M Metts R, Denton I and Russell K (2023) Community Health Representative Workforce Integration across systems and teams to address the social determinants of indigenous health and wellbeing. Front. Public Health 11:1047152. doi: 10.3389/fpubh.2023.1047152

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

Samantha Sabo^{1*}, Louisa O'Meara¹, Janet Yellowhair¹, Joyce Hamilton², J. T. Neva Nashio³, Brook Bender⁴, Fernando Flores Jr.⁵, Marianne Bennett⁶, Rema Metts⁷, Isabella Denton⁸ and Kim Russell⁸

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Tribally employed, Community Health Representatives (CHRs) serving Indigenous and American Indian and Alaskan Native (AIAN) 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 team. This explicit role outlined in the scope of work sets an expectation for both CHR and care teams to



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Community Health Representative Workforce: Meeting the Moment in American Indian Health Equity

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Sabo S, O'Meara L, Russell K, Hametreel C. Nashio JT. Bender B. Hamilton J and Bugay M-G (2021) Community Health Representative Workforce: Meeting the Margent in American Indian Health Fittilly Front: Public Health 9:687926. doi: 10.3389/fpubh.2021.667926 In 2018, the Community Health Representative (CHR) workforce celebrated their 50th year and serve as the oldest and only federally funded Community Health Worker (CHW) workforce in the United States. CHRs are a highly trained, well-established standardized workforce serving the medical and social needs of American Indian communities. Nationally, the CHR workforce consists of ~1,700 CHRs, representing 264 Tribes. Of the 22 Tribes of Arizona, 19 Tribes operate a CHR Program and employ ~250 CHRs, equivalent to ~30% of the total CHW workforce in the state, Since 2015, Tribal CHR Programs of Arizona have come together for annual CHR Policy Summits to dialogue and plan for the unique issues and opportunities facing CHR workforce sustainability and advancement. Overtime, the Policy Summits have resulted in the Arizona CHR Workforce Movement, which advocates for inclusion of CHRs in state and national level dialogue regarding workforce standardization, certification, training, supervision, and financing. This community case study describes the impetus, collaborative process, and selected results of a 2019-2020 multi-phase CHR workforce assessment, Specifically, we highlight CHR core roles and competencies, contributions to the social determinant of health and well-being and the level to which CHRs are integrated within systems and teams. We offer recommendations for strengthening the workforce, increasing awareness of CHR roles and competencies, integrating CHRs within feams and systems, and mechanism for sustainability.

Keywords: community health representative, community health worker, American Indian/Alaska native, health systems, scope of practice

INTRODUCTION

In 1968, the Indian Health Service (IHS) funded the Community Health Representative (CHR) program through P.L. 100-713 as a component of healthcare services for American Indian and Alaskan Native (Al/AN) people (1). This policy established the first federally funded, community health worker (CHW) workforce, with origins in emerging anti-poverty and migrant health movements of the 1960s. In 1975, the Indian Self-Determination and Education Assistance Act, P.L.



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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



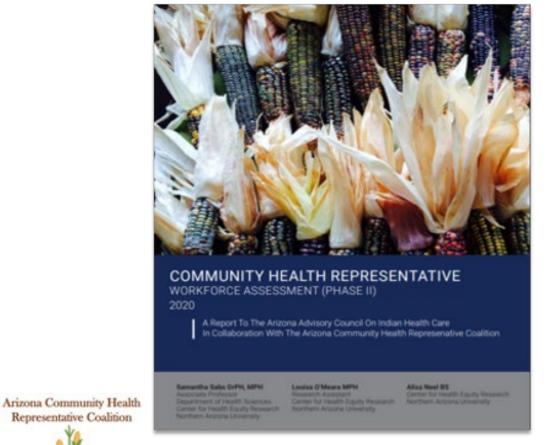


Arizona CHR Workforce Assessments





Like the CHR workfavor, the Correstalk is a sended of nerviral and resilience, representing strength, power, community and health.





Center for Health Equity Research





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







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