Welcome and Thank You for participating in today’s CHR Workforce Assessment Webinar

- All participants are currently muted
- Webinar will be recorded
- PowerPoint and Webinar Recording will be made available on partner websites
- Q & A Session will occur at end of presentation
  - Click on Chat and submit a question
  - Click Participants and use the raise your hand icon
- A brief evaluation will be sent to all participants
INTRODUCTIONS

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Arizona Advisory Council on Indian Health Care

Kim Russell  
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Samantha Sabo  
Associate Professor in Health Sciences  
NAU Center for Health Equity Research

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GOALS FOR TODAY’S WEBINAR

• Introduce the purpose of CHR Workforce Assessment Project
  – Kim Russell, AACIHC
• Review major finding of Phase 1
  – Samantha Sabo, NAU Center for Health Equity Research
• Present preliminary results of Phase 2
  – Louisa O’Meara, NAU Center for Health Equity Research
• Discuss next steps and timeline
  – Samantha Sabo, NAU Center for Health Equity Research
• Questions and Answer Session – 15-20 minutes
  – Moderated by Corey Hemstreet, AACIHC
Introduce the Purpose of CHR Workforce Assessment Project

KIM RUSSELL, AACIHC
PROJECT PARTNERS

Arizona Advisory Council on Indian Health Care

Arizona Community Health Representative Coalition

Like the CHR workforce, the Cornstalk is a symbol of survival and resilience, representing strength, power, community and health.

Northern Arizona University
Center for Health Equity Research
CHRs are a Unique and Distinct Workforce

- **Relationship and trust-building** – to identify specific needs of clients

- **Communication** – especially continuity and clarity, between provider and patient; and traditional knowledge and language

- **Focus on social determinants of health** – conditions in which people are born, grow, work, live, and age, including social connectedness, traditional knowledge and spirituality, relationship to the environment and a shared history
COMMUNITY HEALTH REPRESENTATIVE
WE SOLVE PROBLEMS
YOU DIDN’T KNOW YOU HAD
IN WAYS YOU DON’T UNDERSTAND
Review Major Findings of Phase 1

Samantha Sabo, NAU
Center for Health Equity Research
A Global Workforce

- Outreach Worker
- Care Coordinator
- Public Health Aide
- Patient Navigator
- Community Health Advisor
- Outreach Specialist
- Community Health Representative
- Peer Educator
- Case Manager
- Promotores
- Health Educator
Employment of community health workers, by state, May 2017

Employment of CHWs by US State

Native Nations of Arizona
CHR WORKFORCE ASSESSMENT
GATHERING OUR EVIDENCE

Scientific Evidence
- What does research say about CHRs?
- How are they effective?
- How do they change lives?

Workforce
- What are the CHR roles and scope of work?
- How are programs structured and financed?

Evaluation & Impact
- What data is available to evaluate the impact of CHRs on patient health and wellbeing?
- How can we better evaluate CHR impact?

Tribal Health Systems
- How does IHS and 638 centers integrate CHRs?
- What impact does this integration have on patient outcomes?
CHR WORKFORCE ASSESSMENT – PHASE 1

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COMMUNITY HEALTH REPRESENTATIVE WORKFORCE ASSESSMENT
2019
A report to the Advisory Council on American Indian Health Care

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NORTHERN ARIZONA UNIVERSITY
Center for Health Equity Research
1. Collect CHR job descriptions and scopes of work
   - 19 CHR Programs, Urban Indian Health Centers and American Indian serving not for profits organizations operating in Arizona

2. Develop a CHR Workforce Database
   - To document and track CHR core competencies, roles and skills

3. Compare CHR competencies, skills, activities by:
   - Indian Health Service CHR Standards of Practice
   - National Community Health Worker (CHW) Core Competencies
   - Emerging competencies, skills, activities

4. Identify CHR Program outcomes and impact evaluation
AZ CHR PROGRAMS HAVE A ROBUST STANDARD OF PRACTICE

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Community Needs Assessment (New)</td>
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<td>Disaster Response (New)</td>
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<td>Environmental Health</td>
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<td>Community Development</td>
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<td>Emergency Patient Care</td>
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<td>Program Planning &amp; Evaluation (New)</td>
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<tr>
<td>Interpret/Translate</td>
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<td>Homemaker Service</td>
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<td>Transport</td>
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<tr>
<td>(Non-Emergency) Patient Care / Monitor...</td>
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<tr>
<td>Case Management/Coordinate</td>
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<tr>
<td>Case Find/Screen</td>
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<tr>
<td>Health Education</td>
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</tbody>
</table>
CHR ACTIVITIES ALIGN WITH NATIONAL CHW CORE COMPETENCIES

- Participating in Evaluation and Research
- Care Coordination, Case Management, and System Navigation
- Providing Direct Service
- Conducting Outreach
- Providing Culturally Appropriate Health Education and Information
- Implementing Individual and Community Assessments
- Advocating for Individuals and Communities
- Providing Coaching and Social Support
- Cultural Mediation among Individuals, Communities, and Health and Social Service Systems
- Building Individual and Community Capacity
CHR SOW ALIGNS WITH SOCIAL DETERMINANTS OF HEALTH

Community Health Workers including CHRs are the frontline workforce focusing on improving SDoH for underserved populations to decrease health inequities across the country.

SDoH are the conditions in which people are born, grown, live, work and age. (WHO)
CHR ACTIVITIES IMPACT
SOCIAL DETERMINANTS OF HEALTH

Access to Care (43%)
Educational Opportunity (17%)
Social/Cultural Cohesion (17%)
Transportation (7%)
Social Justice (7%)
Housing (4%)
Food Access (2%)
Environmental Quality (2%)
Parks and Recreation (2%)
Community Design (2%)
CHR Activities:
• Health Screening / Case Find
• Case Management
• Case Coordination with Service Providers
• Transportation Coordination
• Coordination of Durable Medical Supplies
• Direct Health Care Services
• Outreach

“It’s a coordination. So, its making appointments, it’s contacting the social worker, it’s assisting and filling out documents, applying for benefits, being a representative for them”

(CHR Manager)

“When we talk about the service delivery, they [the providers] always make sure that a CHR’s involved”

(CHR Manager)
2020 CHR Workforce Assessment: Part 2

- Conversations with CHR Program Directors
- Program Infrastructure
- Integration
- Evaluation
- Financing

CHR COVID-19 RESPONSE
CHR WORKFORCE ASSESSMENT: METHODS

- **Recruitment**: Reached out to all CHR Program Directors via email and through the monthly CHR Movement meetings.

- **Interview**: Zoom video interviews followed guide developed with the help of AACIHC and two tribes who piloted it.

- **Analysis**: Recorded, transcribed and analyzed using Atlas.ti qualitative software.

**Who we interviewed:**
- 7 Program Directors/Managers at 6 CHR Programs.
- Time in their position ranged from 3.5 yrs to 20 years (median = 6 yrs).
Preliminary Results Phase 2

Louisa O’Meara,
NAU Center for Health Equity Research
INTERVIEWED PROGRAMS REPRESENT A WIDE RANGE OF CHR PROGRAMS IN THE STATE

- **Program Size**: Ranges from 2 CHRs – 98 CHRs
- **CHR Salary**: Ranges from $13 - $23.50 per hour
- **Location**: Urban and Rural
- **Caseload**: Determined by Geography, Disease Distribution, Minimum # clients, CHR Experience/Training

**Types of CHRs:**
- Entry Level CHRs
- Senior CHRS
- CHR/Tribal RN
- TB Tech CHR
- STD Tech CHR
- Medical Billing CHR
CHR PROGRAMS ARE EVOLVING

New Directions for Training / Certifications for CHRs:
- Community Resource Navigation
- Patient Empowerment
- Improved Documentation & Reporting
- Digital Storytelling/PSAs
- Community Dental Health Coordinator
- CNA → LPN
- Community Health Aide Program (CHAP)

Goals for Program Development:
- Increase collaboration with Public Health Nursing (PHN)
- Increase patient contact
SPECIAL PROGRAMS / PROJECTS

Programs/Projects/Activities

- Family Spirit (evidence-based maternal/child health)
- CDC health intervention/education program on tobacco, type 2 diabetes and hypertension
- Passenger Safety – research and policy advocacy
- Community CPR and First Aid Program – coordination
- Court Advocacy
- Community Physical Activity Programs and Events

University Partnerships

- Health Areas:
  - Asthma links to living conditions
  - Uranium exposure
  - Gold King Mine Spill impacts

- CHR involvement:
  - Recruitment
  - Health screenings
  - Surveys / Nutrition recall
  - Specimen collection (human and environmental)
CHR HAVE A VARIETY OF FUNDING SCENARIOS

Primary Revenue:

1. IHS Only
2. IHS + 3rd party billing
3. IHS + Matching Funds from Tribal General Fund + Tribal Program General Funds
4. IHS + Research and Practice Grants

Other Sources:

- Split/Piecemeal Positions
- Gaming Funds

“[…]if I were just to go off of the grant funding, that would be half of my budget. So, I wouldn’t have the other half of my staff if it wasn’t for transportation.” (CHR Manager)
CHR PROGRAM EVALUATION

Current Practices
- RPMS Data Reports (4/6)
- EHR Data (2)
  - # client contacts
  - Services provided during contact
- Client Satisfaction Survey (1)

Successes
- Improved GPRA Standards (received feedback from IHS)
- Positive verbal feedback from clients or program partners
- Diabetes Registry tracking positive change in client A1C
CHR PROGRAM EVALUATION: BARRIERS AND NEEDS

Barriers
- *No RPMS or EHR (2)
- Inconsistent data collection / reporting
- RPMS = poor data tracking system
- Lack of information sharing from IHS
- No known evaluation tool
- Lack of training/knowledge on HOW to conduct evaluation

Needs
- Patient Outcome / Impact Measures
- Evaluation How-To Training
- Evaluation Tool relevant to all programs
- Identify program strengths and weaknesses through *formal* program evaluation
- How to get evaluation results to Policymakers?

*How do we show them hope? I mean, what is the outcome from hope?*  
--CHR Director
“[CHR]s play a critical role in the health care delivery system to link the patient to the Indian health care system”

“[…] they are the backbone of it [healthcare] here on the reservation”

[…] the CHR[s] are looked upon to make that connection from the hospital into the – into the patient’s home or into the community.

“We’re the binding component between the health care provider and the patient, you know. And the other thing to that is, and the reason why, is because they trust us. Cause they’re our grandmas, our aunties, our brothers, our sisters, they’re our family.”
“The working relationship with the service unit is integral in the delivery of health care services.” (CHR Director)
CHALLENGES AND OPPORTUNITIES FOR CHR INTEGRATION INTO IHS HEALTH SYSTEM

**Challenges**
- IHS doctors/staff do not understand the CHR Program
- CHRs do not have access to EHRs
- No formal communication system

**Opportunities**
- IHS should require orientation to Tribal programs
- Advocate & Educate
- Formalize communication & referral systems
COVID-19: THE CHR RESPONSE

What are CHRs currently doing?

What could CHRs do that they are not yet?

Impact on future programming
CHRS RESPOND TO COVID-19

• Continuous (limited) services
• First line emergency response
• COVID-19 information and safety supplies distribution
• Food, water, firewood distribution
• Phone outreach / Welfare checks
• Case management of COVID positive patients
• Testing & contact tracing
• Transportation to testing
• Chronic disease prevention & maintenance
• Unknown impact on Home Visiting
SUMMARY AND NEXT STEPS

• Conduct remaining interviews with interested CHR Programs
• Complete full analysis
• Share draft report for partners’ review and feedback
• Finalize CHR Workforce Assessment Phase 2 Report for broad dissemination
• Continue to present to CHR Programs and broader audiences
• Use results with Arizona CHR Coalition for strategic planning
WHAT IS THE GREATEST VALUE OF CHR?

communities, see, service, health, care, health, chr, see, always, value, nation, trying, live, nurses, doctors, problem, best, first, talk, hope, program, services, pretty, lives, direction, department, information, defense, system, valuable, learn, good, issue, call, program, staff, lives, resource, difference, patient, home, health, care, help, community, trusted, delivery, visits, transport, daily, relationship, women, needs, family, help, spirit, hoping, handle, visits, trusted, delivery, transport, daily, relationship, women, needs, family, help, communities, see, service, health, care, health, chr, see, always, value, nation, trying, live, nurses, doctors, problem, best, first, talk, hope, program, services, pretty, lives, direction, department, information, defense, system, valuable, learn, good, issue, call, program, staff, lives, resource, difference, patient, home, health, care, help, community, trusted, delivery, visits, transport, daily, relationship, women, needs, family, help, communities, see, service, health, care, health, chr, see, always, value, nation, trying, live, nurses, doctors, problem, best, first, talk, hope, program, services, pretty, lives, direction, department, information, defense, system, valuable, learn, good, issue, call, program, staff, lives, resource, difference, patient, home, health, care, help, community, trusted, delivery, visits, transport, daily, relationship, women, needs, family, help
Click on Chat and submit a question.

Click Participants and use the raise your hand icon.
THANK YOU!
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