CHR WORKFORCE ASSESSMENT WEBINAR

June 24, 2020

Moderator: Corey Hemstreet, Health Program Manager, AACIHC
Presenters: Kim Russell, Executive Director, AACIHC
Samantha Sabo, Associate Professor, NAU
Louisa O'Meara, Research Assistant, NAU

NAU NORTHERN ARIZONA UNIVERSITY

Keys for a Successful Webinar

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

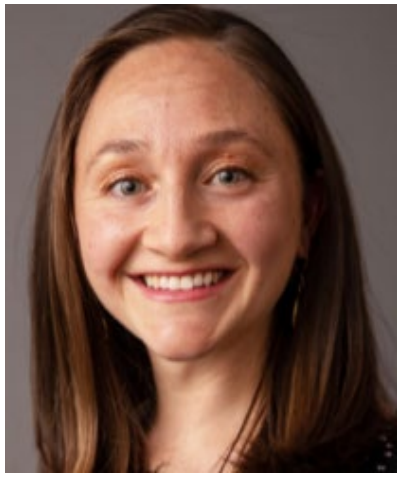
- All participants are currently muted
- Webinar will be recorded
- PowerPoint and Webinar Recording will be made available on partner websites
- Q & A Session will occur at end of presentation
  - **Click on Chat and submit a question**
  - **Click Participants and use the raise your hand icon**
- A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

INTRODUCTIONS

Corey Hemstreet
Health Program Manager
Arizona Advisory Council on Indian Health Care

Kim Russell
Executive Director
Arizona Advisory Council on Indian Health Care

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



Louisa O'Meara
Research Assistant
NAU Center for Health Equity Research

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

NAU NORTHERN ARIZONA UNIVERSITY

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.

NAU 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

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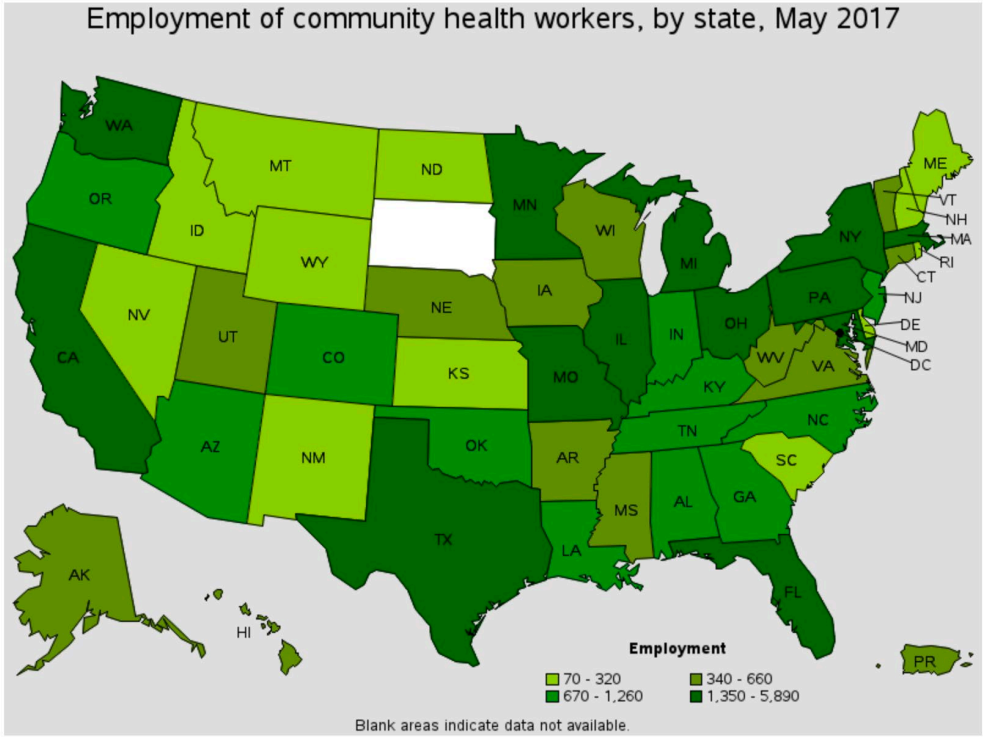
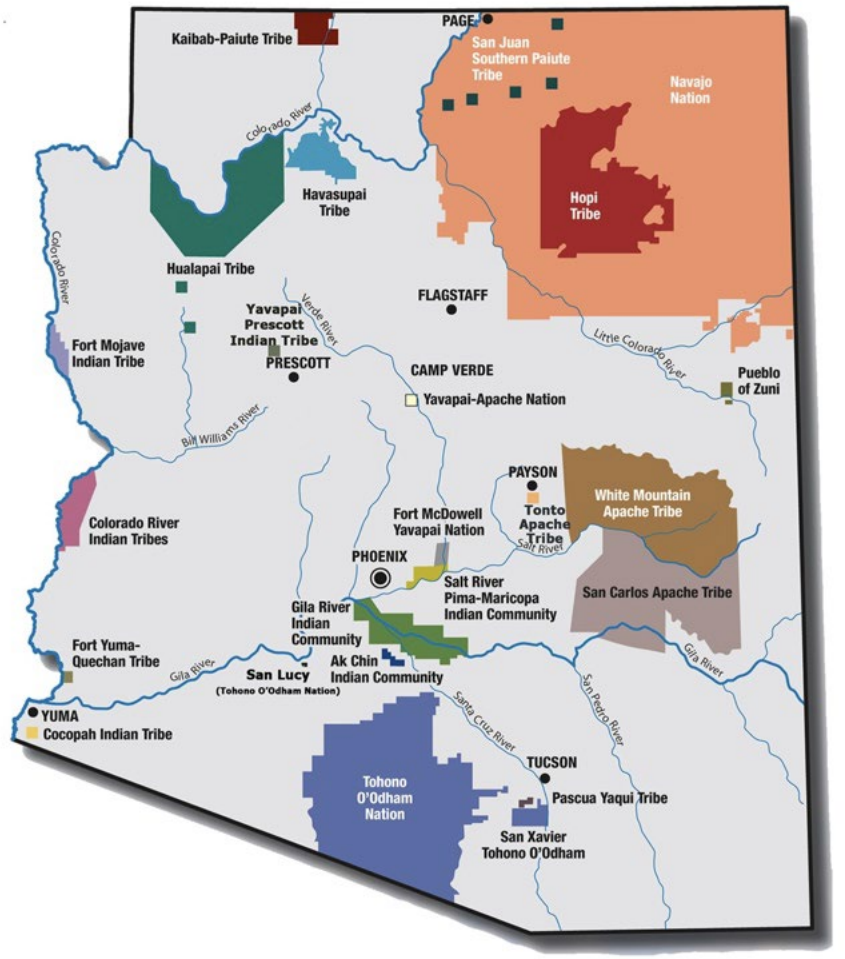
A Global Workforce



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 do evaluate the impact of CHRs on patient heath 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

Samantha Sabo DrPH, MPH
Associate Professor
Department of Health Sciences
Center for Health Equity Research
Northern Arizona University

Louisa O'Meara, MPH
Research Assistant
Center for Health Equity Research
Northern Arizona University

Ricky Camplain, PhD
Assistant Professor
Department of Health Sciences
Center for Health Equity Research
Northern Arizona University

NAU NORTHERN ARIZONA UNIVERSITY
Center for Health Equity Research

OVERVIEW PHASE 1: 2019 CHR WORKFORCE

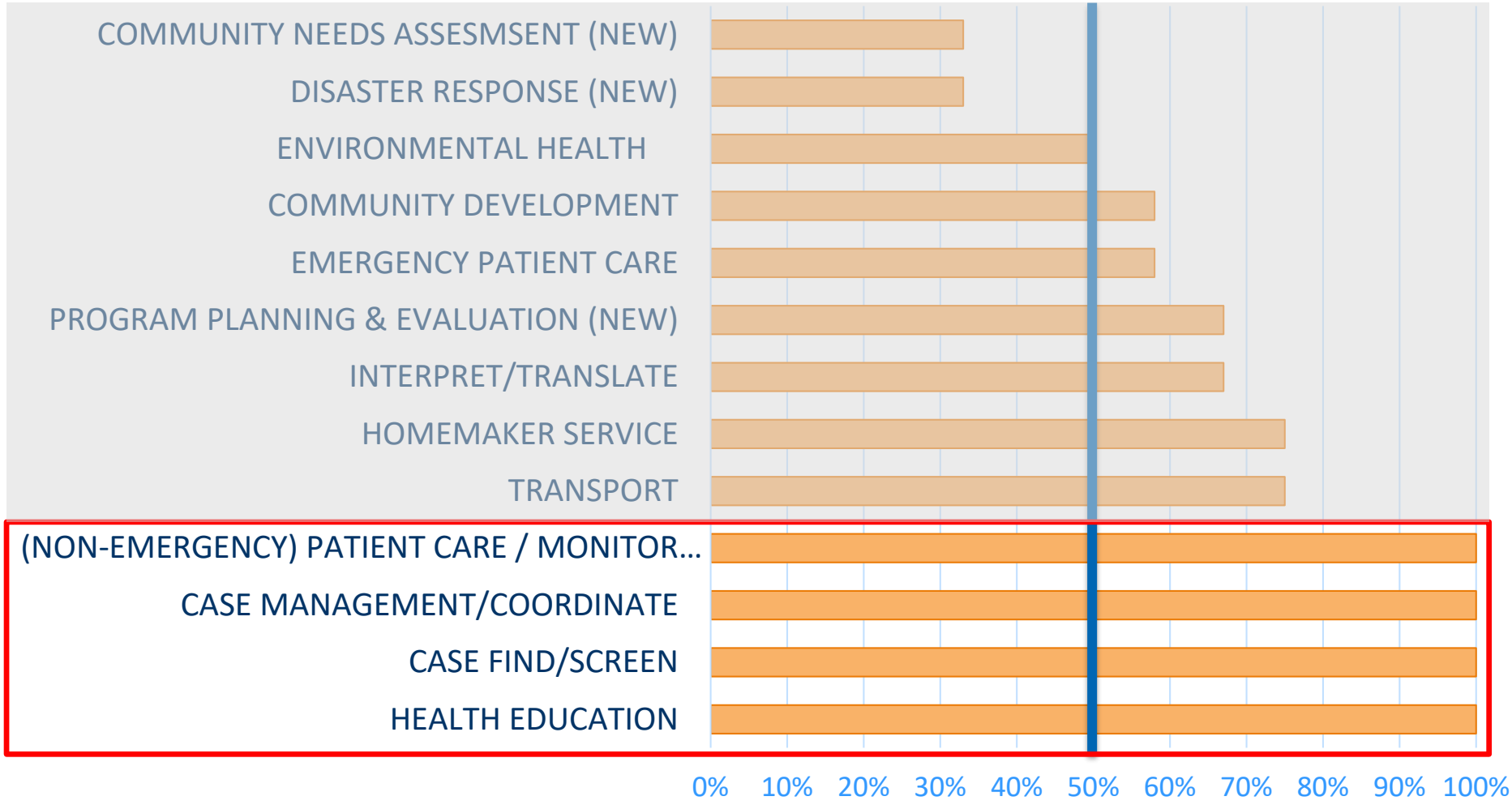
1. **Collect CHR job descriptions and scopes of work**
   - 19 CHR Programs, Urban Indian Health Centers and American Indian serving not for profits organizations operating in Arizona

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

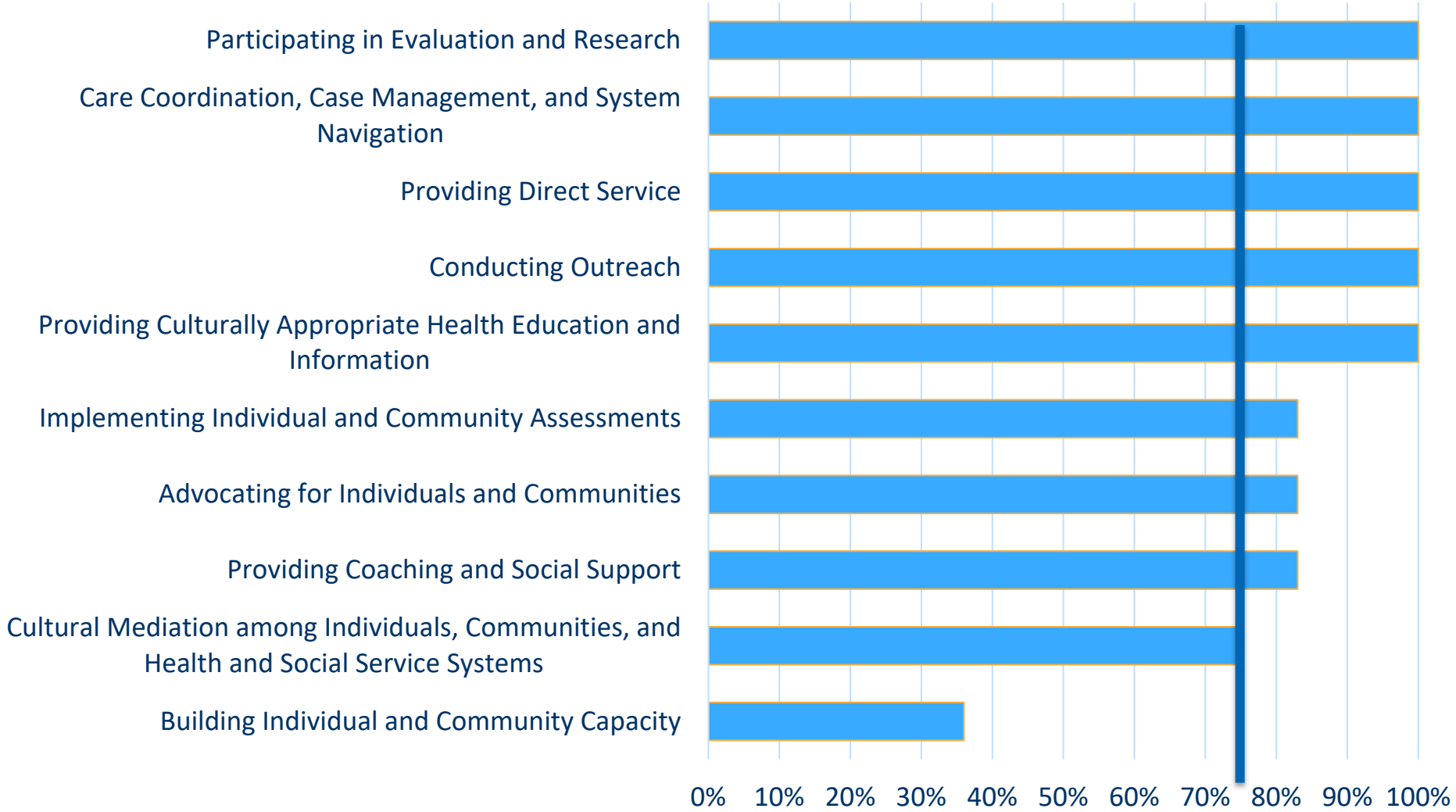
3. **Compare** CHR competencies, skills, activities by:
   - Indian Health Service CHR Standards of Practice
   - National Community Health Worker (CHW) Core Competencies
   - Emerging competencies, skills, activities

4. **Identify** CHR Program outcomes and impact evaluation

AZ CHR PROGRAMS HAVE A ROBUST STANDARD OF PRACTICE



CHR ACTIVITIES ALIGN WITH NATIONAL CHW CORE COMPETENCIES

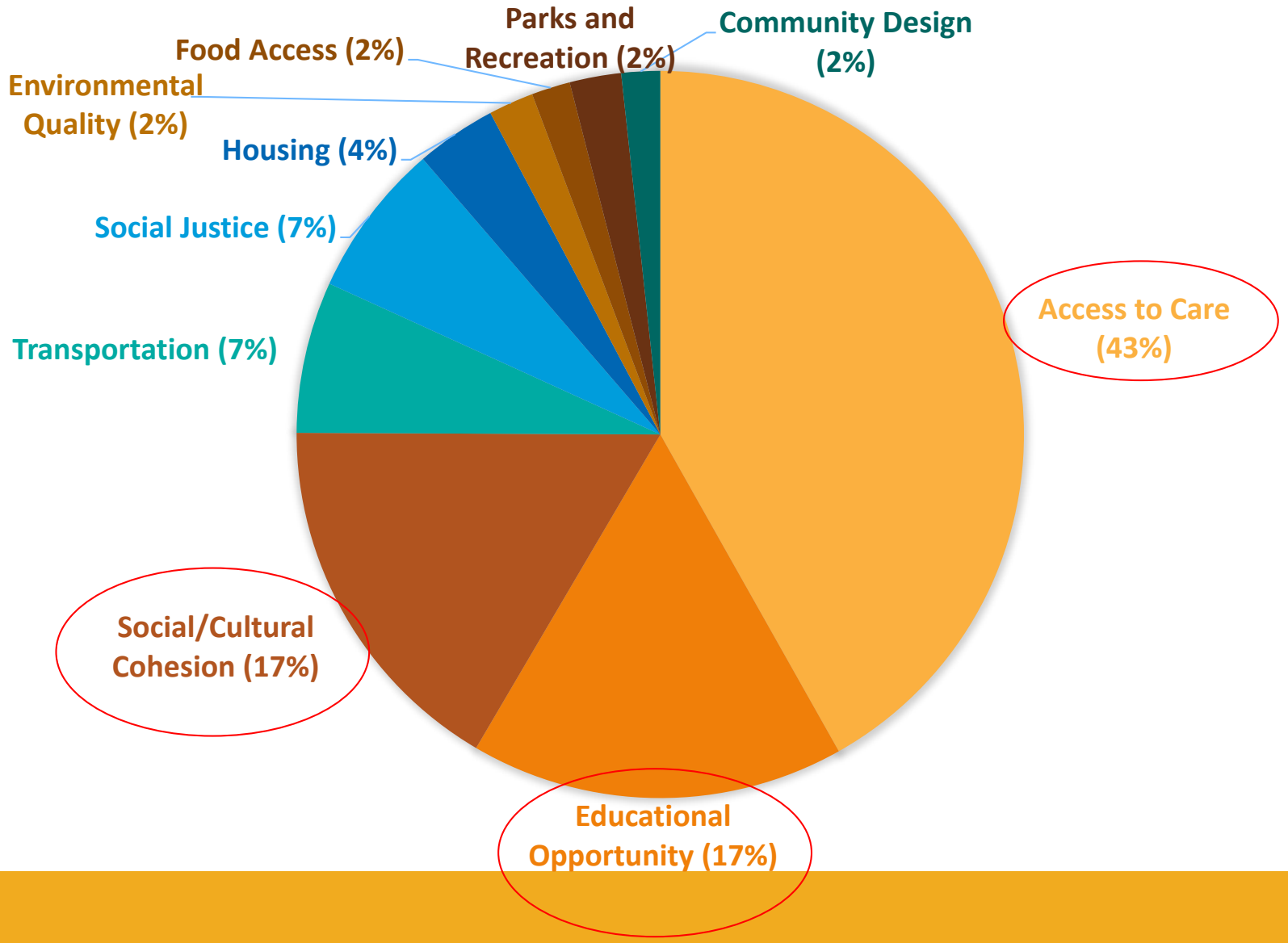


CHR SOW ALIGNS WITH SOCIAL DETERMINANTS OF HEALTH

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 HEALTH CARE & COVERAGE

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

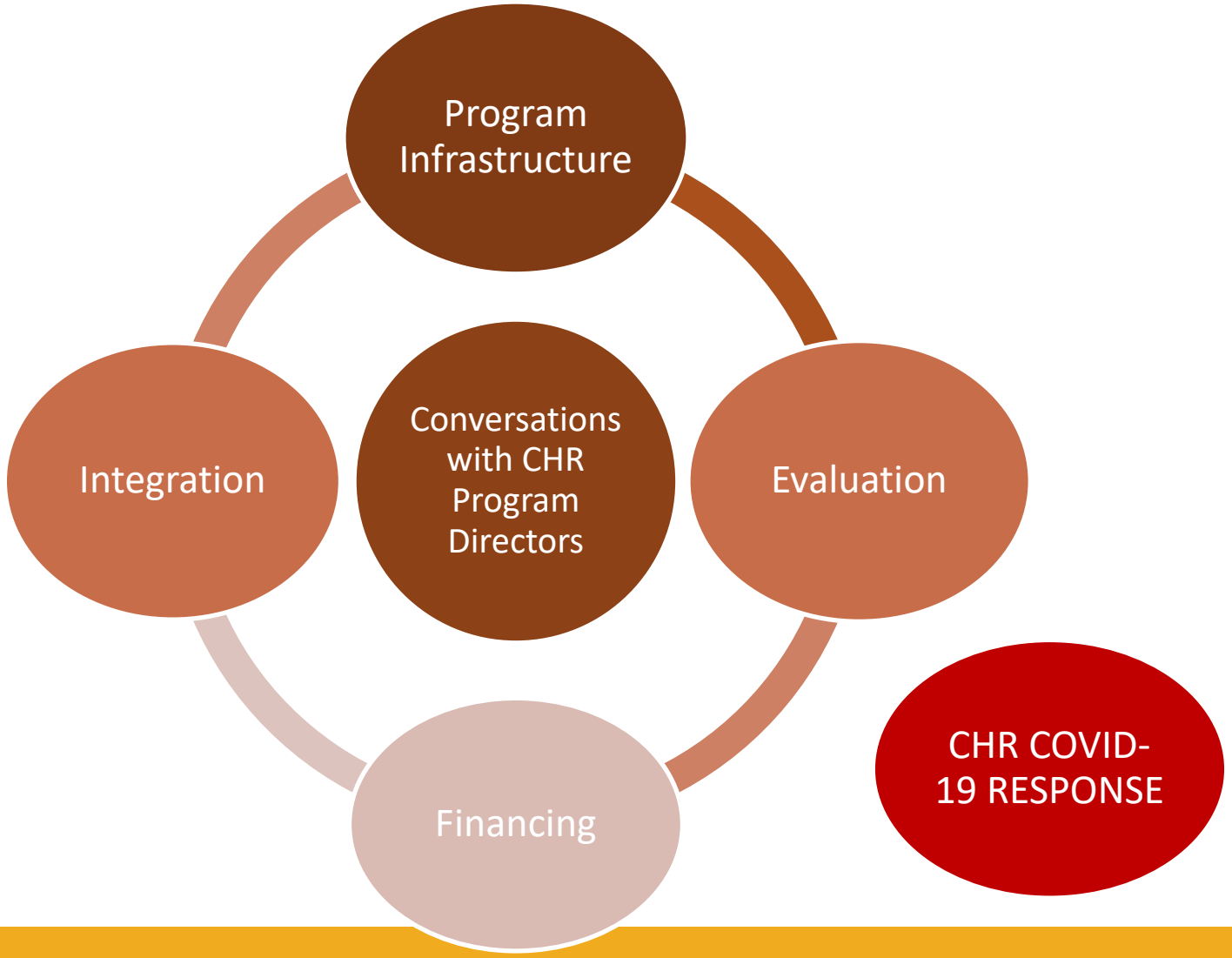
"It's a coordination. So, its making appointments, it's contacting the social worker, it's assisting and filling out documents, applying for benefits, being a representative for them"

(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



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

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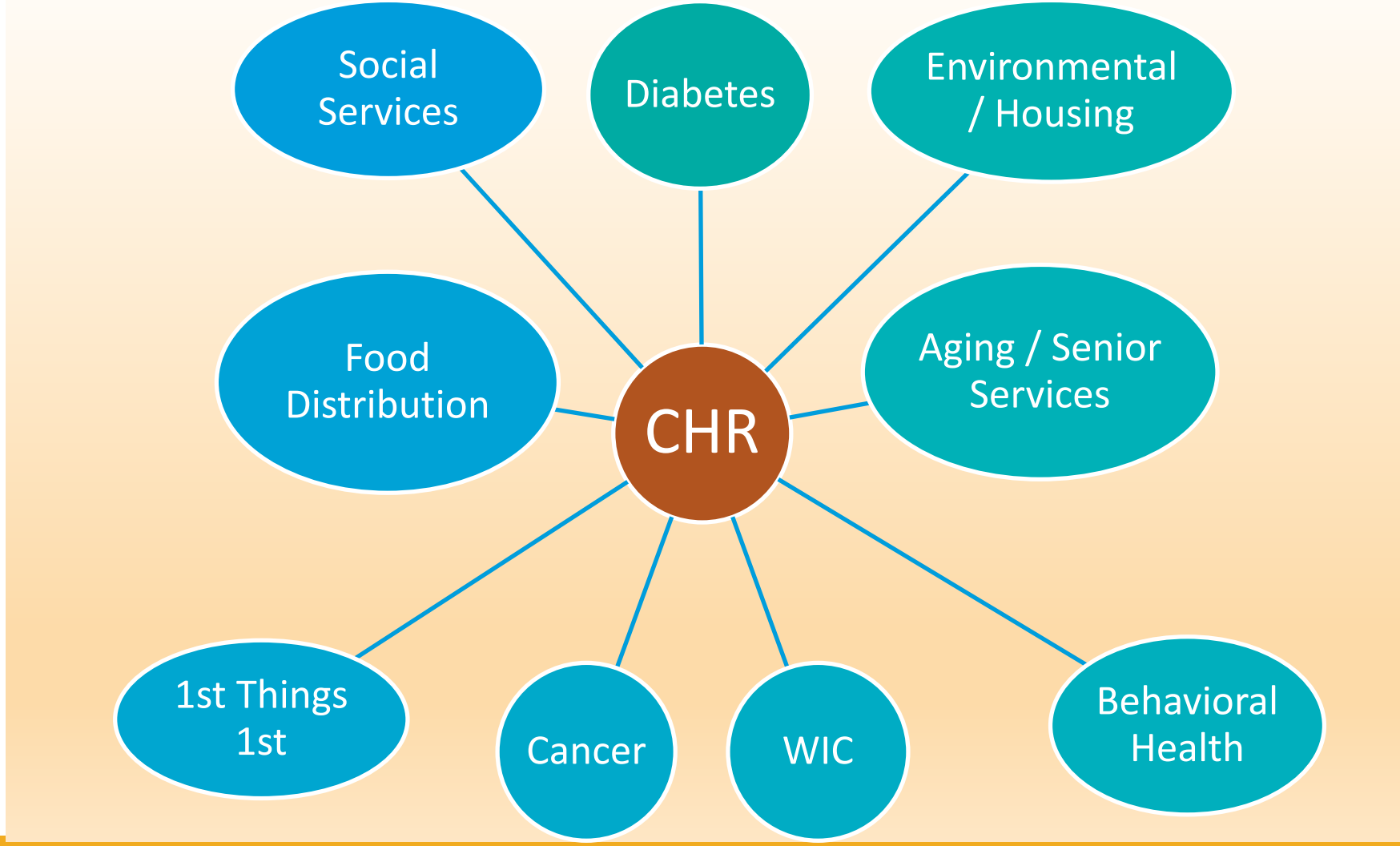
INTERVIEWED PROGRAMS REPRESENT A WIDE RANGE OF CHR PROGRAMS IN THE STATE

- **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 Partnerships with Tribal Programs



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 Value to Health Systems

"[CHRs] *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"*

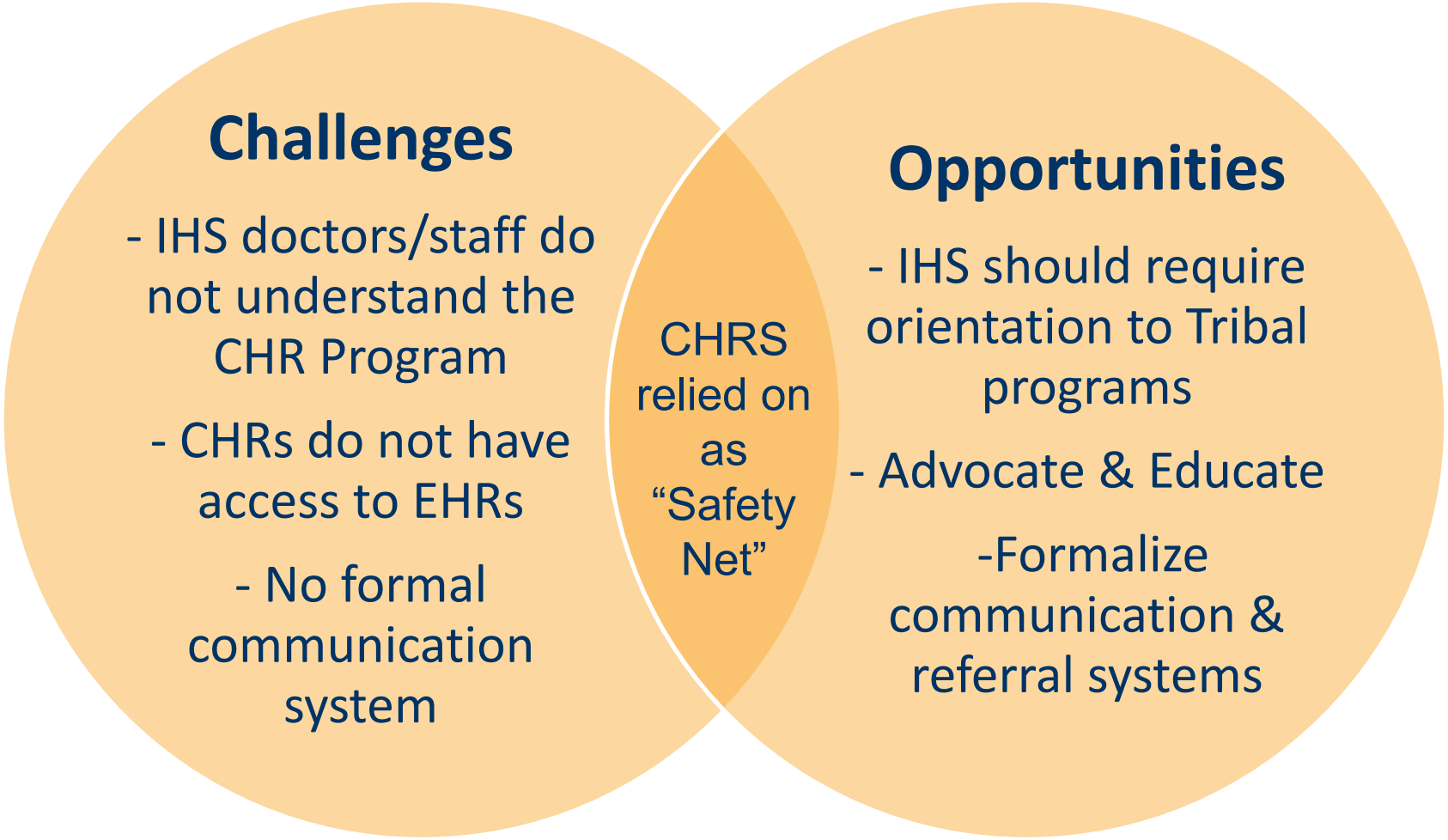
*[…] the CHRs are looked upon to make that **connection** from the hospital into the – into the patient's home or into the community.*

*"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."*

Health Systems (IHS & 638): How are CHRs Integrated?

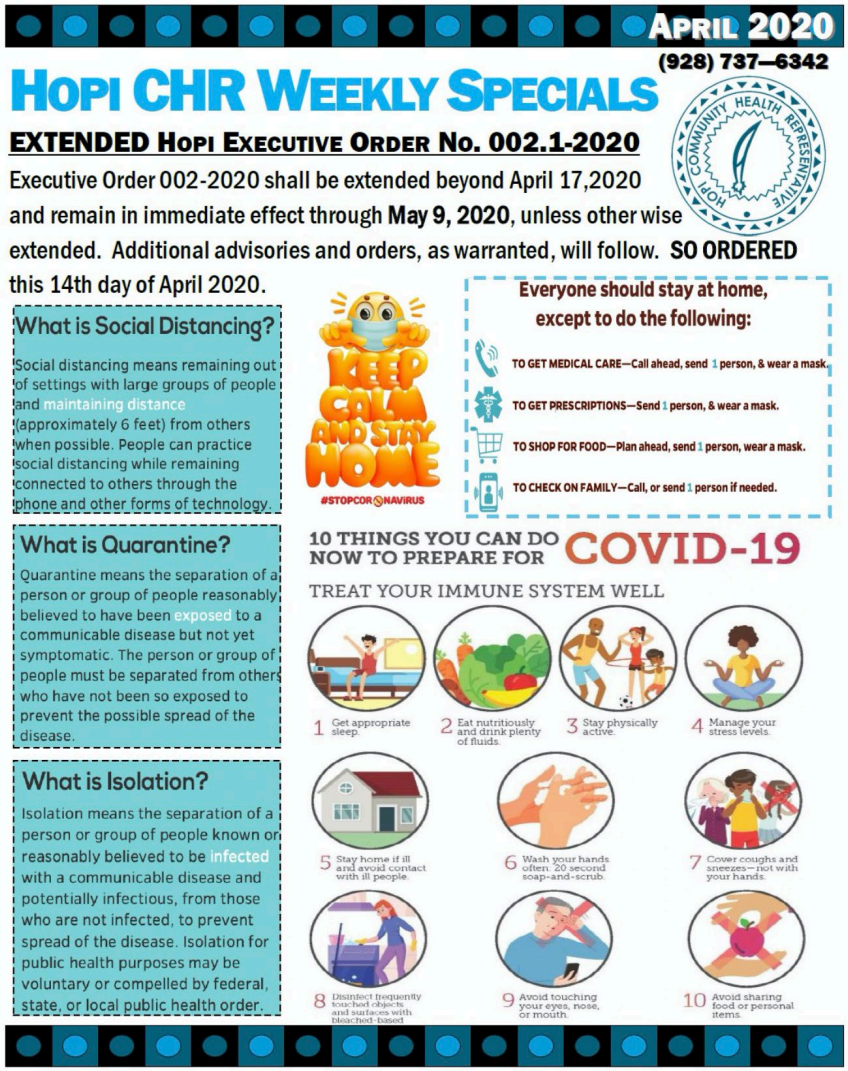
"The working relationship with the service unit is integral in the delivery of health care services." (CHR Director)

CHALLENGES AND OPPORTUNITIES FOR CHR INTEGRATION INTO IHS HEALTH SYSTEM



COVID-19: THE CHR RESPONSE

- What are CHRs currently doing?
- What could CHRs do that they are not yet?
- Impact on future programming



APRIL 2020

(928) 737–6342

HOPI CHR WEEKLY SPECIALS

EXTENDED HOPI EXECUTIVE ORDER No. 002.1-2020

Executive Order 002-2020 shall be extended beyond April 17,2020 and remain in immediate effect through **May 9, 2020**, unless other wise extended. Additional advisories and orders, as warranted, will follow. **SO ORDERED** this 14th day of April 2020.

What is Social Distancing?

Social distancing means remaining out of settings with large groups of people and maintaining distance (approximately 6 feet) from others when possible. People can practice social distancing while remaining connected to others through the phone and other forms of technology.

What is Quarantine?

Quarantine means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic. The person or group of people must be separated from others who have not been so exposed to prevent the possible spread of the disease.

What is Isolation?

Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious, from those who are not infected, to prevent spread of the disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Everyone should stay at home, except to do the following:

- TO GET MEDICAL CARE—Call ahead, send 1 person, & wear a mask.
- TO GET PRESCRIPTIONS—Send 1 person, & wear a mask.
- TO SHOP FOR FOOD—Plan ahead, send 1 person, wear a mask.
- TO CHECK ON FAMILY—Call, or send 1 person if needed.

10 THINGS YOU CAN DO NOW TO PREPARE FOR COVID-19

TREAT YOUR IMMUNE SYSTEM WELL

1 Get appropriate sleep.
2 Eat nutritiously and drink plenty of fluids.
3 Stay physically active.
4 Manage your stress levels.
5 Stay home if ill and avoid contact with ill people.
6 Wash your hands often: 20 second soap-and-scrub.
7 Cover coughs and sneezes—not with your hands.
8 Disinfect frequently touched objects and surfaces with bleached-based
9 Avoid touching your eyes, nose, or mouth.
10 Avoid sharing food or personal items.

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

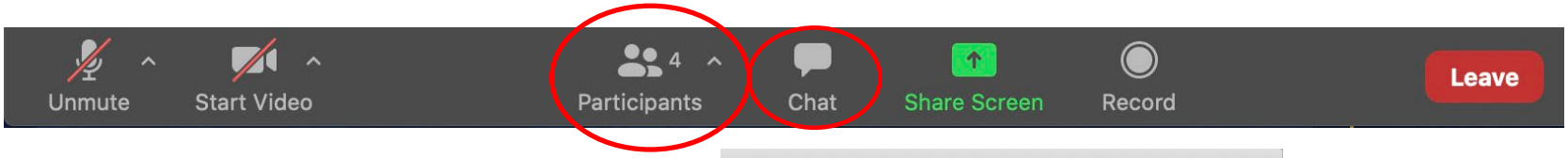
SUMMARY AND NEXT STEPS

- 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

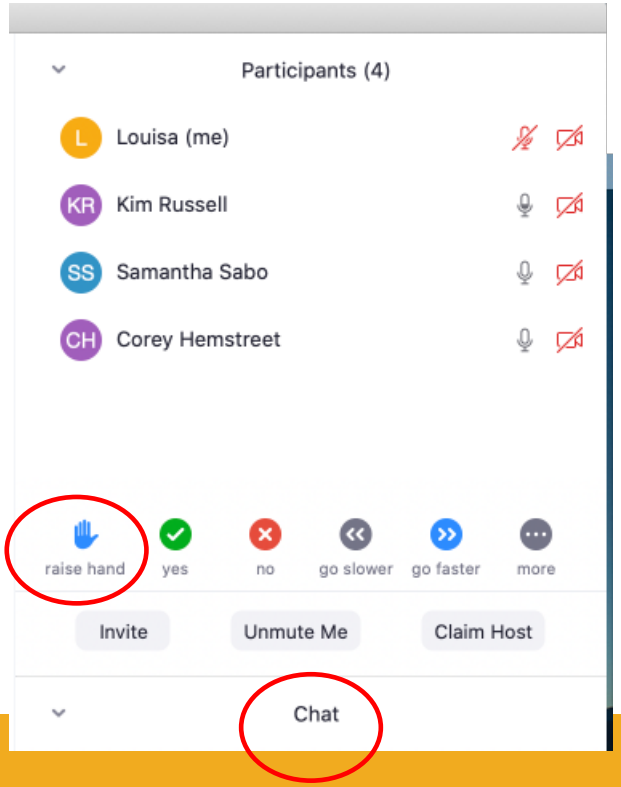
WHAT IS THE GREATEST VALUE OF CHRS?

Questions & Answers

- Click on Chat and submit a question



- Click Participants and use the raise your hand icon



THANK YOU!

Contact Us

https://aacihc.az.gov

Kim Russell
kim.russell@azahcccs.gov
Corey Hemstreet
corey.hemstreet@azahcccs.gov

NAU Northern Arizona University

Center for Health Equity Research

https://nau.edu/cher/

Samantha Sabo
Samantha.Sabo@nau.edu
Louisa O'Meara
Louisa.Omeara@nau.edu