COMMUNITY HEALTH REPRESENTATIVE WORKFORCE ASSESSMENT 2019-20



In 2018, the Community Health Representative (CHR) workforce celebrated their 50th year and serves as the oldest and only federally funded Community Health Worker (CHW) workforce in the United States. Since 2015, 19 Tribal CHR Programs of Arizona have come together with university, health policy allies to form the Arizona CHR Coalition, which advocates for inclusion of CHRs in state and national level dialogue regarding workforce standardization, certification, training, supervision and financing.

OBJECTIVES

- 1. Document current and emerging CHR core roles across the CHR workforce, especially how CHRs address the social determinants of health.
- 2. Explore CHR program organizational structure, including CHR recruitment, training, financing, integration within care teams and evaluation
- 3. Generate CHR workforce policy recommendations.

Links to Reports:

Phase I (2019)

Phase II (2020)

KEY FINDINGS

CHR programs in Arizona are valued members of the healthcare system serving American Indian communities and play a critical role in care coordination and case management for their clients through close working relationships with other Tribal programs, state entities, and the Indian Health Service system.

Barriers to health system integration include gaps in communication and information sharing practices as well as a lack of understanding of the CHR workforce among critical stakeholders, including providers.

CHRs are highly focused on improving Social **Determinants of Health** for their clients.

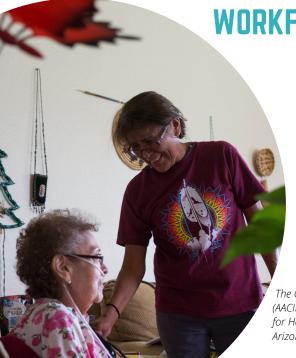
CHR Programs employed a variety of financing strategies to sustain their programs, supplementing IHS funding with limited Medicaid reimbursement, Tribal General Funds, and grants.

CHR Programs prioritize evaluating the impact of their program yet face multiple barriers to program evaluation, most importantly a lack of access to effective data tracking systems that enable both process and outcomes measures.



- Increase awareness and acceptance of CHRs among the health care team by mandating orientation to CHR workforce competency, roles, and responsibilities for all medical and public health care staff.
- 2. Establish a mechanism for reimbursement of CHR activities through Medicaid.
- 3. Engage CHR Programs to establish a comprehensive evaluation system.
- 4. Establish procedures and policies for integrating CHRs as a functioning member of the health care team.
- 5. Establish formal mechanisms for data collection and communication between CHR and public health and health care systems to ensure coordination of care and referrals among shared clients and patients.

The CHR Workforce Assessments were a partnership among the Arizona Advisory Council on Indian Health Care (AACIHC), the Arizona Community Health Representative Coalition and the Northern Arizona University Center for Health Equity Research (NAU-CHER). This report was commissioned by the AACIHC in coordination with the Arizona Community Health Representative Coalition.



CHR-HEALTH SYSTEM INTEGRATION SPECTRUM

LEAST

Communication:
Infrequent/informal
communication with health care
staff

Data: Little data sharing

Referrals: Unwieldy referral system (phone/fax/ mail)

EHR: No RPMS or EHR access

Communication: Regular communication with some health

Data: Some data sharing

Referrals: Formal referral system

EHR: RPMS access (no EHR)

MOST

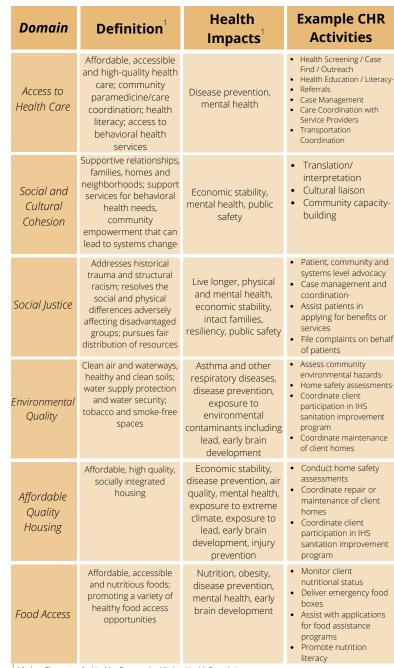
Communication: Close working relationship with health care staff

Data: Formal data sharing protocols

Referrals: Formal electronic referral system

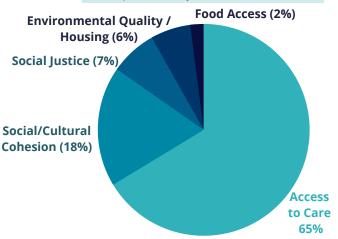
EHR: EHR Access and training

CHRS & SOCIAL DETERMINANTS OF HEALTH



Vitalyst. Elements of a Healthy Community. Vitalyst Health Foundation. http://vitalysthealth.org/wp-content/uploads/2015/05/Healthy-Communities-and-social-determinants-final.pdf.

Social Determinants of Health Impacted by CHR Activities



"We're the binding component between the health care provider and the patient...and the reason why, is because they trust us. Because they are our grandmas, our aunties, our brothers, our sisters...they are our family."

CHR MANAGER





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Center for Health Equity Research

NORTHERN ARIZONA
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