



REPORT

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**Community Health  
Representatives  
Policy Summit III**

August 23 - 24, 2017  
Cliff Castle Casino Hotel  
Camp Verde, Arizona

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# ACKNOWLEDGEMENTS

The CHR Summit III Planning Committee is an Unincorporated Association and is a sponsored project of the Technical Assistance Partnership of Arizona (TAPAZ). Donations are tax deductible, tax ID # 86-0975231.

## Planning Committee

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- Kelly Eagle          ▪ Preeo Johnson      ▪ Linda Rocha

# SPONSORS

## HOST TRIBE



Yavapai-Apache Nation CHR Program



**ARIZONA AMERICAN INDIAN ORAL HEALTH INITIATIVE**  
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## EXECUTIVE SUMMARY

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On August 23-24, 2017, the Community Health Representatives (CHR) Policy Summit III was held at the Cliff Castle Casino Hotel on the Yavapai-Apache Nation. Summit III brought together CHRs, tribal leaders, tribal health advocates, Indian health officials and other stakeholders to provide the latest CHR information and to further discuss policy opportunities to strengthen the CHR workforce in Arizona. Summit III accomplished the following: 1) Provided updates on state and federal policy being considered for the CHR workforce, 2) Promoted and shared CHR experiences, 3) Continued to Build the CHR Coalition, and 4) Provided targeted health trainings for CHRs.

**Certification of the CHR Workforce** – Summit III continued to address key state policy that would provide a statewide Arizona Community Health Worker (CHW) Voluntary Certification Process, by which CHRs could become certified. Overwhelmingly CHRs support voluntary certification and expressed their desire to be a part of the advocacy process including providing input to the CHW bill. Of the approximately 1000 CHWs in Arizona, 30% are CHRs working on Tribal reservations.

In addition to Arizona's certification, the Indian Health Service (IHS) is creating a certification process for Community Health Aides (CHA) through the IHS Community Health Aide Program (CHAP). CHAs are similar to CHRs, especially those CHRs that have additional training and certification as a Certified Nursing Assistant.

### Recommendations:

- Provide input to Arizona's CHW Bill to reflect Tribes' needs and wishes.
- Explore how the IHS CHAP can be implemented with the current CHR Model.

**Medicaid Reimbursement** – Summit III informed CHR Programs of the American Indian Medical Home Demonstration Project that allows the Arizona Health Care Cost Containment System (AHCCCS) to reimburse IHS and Tribal 638 health care facilities who establish medical homes for their Medicaid population. Although CHR Programs would not directly receive any of the Medicaid reimbursement, they may be included as a member of the Medical Home Teams.

### Recommendations:

- Explore creating a waiver or state plan amendment with AHCCCS that will allow for reimbursement of CHR services.
- Explore how the American Medical Home Model could be used to expand the CHR workforce.

**CHR Movement** – Summit III facilitated discussions with CHRs to create draft mission statements, values and principles. CHR leadership was identified to lead the CHR Movement. It was expressed that Tribes and CHRs need to advocate for their workforce to advance and expand their workforce, provide input to the voluntary certification process in Arizona, and to receive reimbursement through Medicaid.

### Recommendation:

- Consistent and regular gatherings should be convened with CHRs to gather input, identify common issues and identify common solutions so that the workforce can be accurately represented.

## INTRODUCTION

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On August 23-24, 2017, the CHR Policy Summit III was held at the Cliff Castle Casino Hotel on the Yavapai-Apache Nation. Policy Summit III brought together CHRs, tribal leaders, tribal health advocates, Indian health officials and other stakeholders to further engage and discuss policy opportunities to strengthen the CHR workforce in Arizona. 84 CHRs and CHR Supervisors attended (see Appendix A: List of Summit Participants). The objectives of Summit III were to:

1. Provide updates on state and federal policy being considered for the CHR workforce,
2. Promote and share CHR experiences,
3. Build a CHR Workforce Coalition, and
4. Provide targeted health trainings for CHRs.

Summit III allowed Tribal CHR stakeholders to continue discussions that had occurred during the first two CHR policy summits. The CHR Policy Summits were inspired by existing policy efforts focused on sustaining the broader Community Health Worker (CHW) workforce throughout the state of Arizona and the need to engage Tribes in the decision-making process. Multiple partners have leveraged their resources and knowledge to plan and conduct the CHR Policy Summits.

### ***Purpose of Report***

- Document the proceedings of CHR Summit III
- Provide results of “Building the CHR Coalition” discussions

It is highly encouraged to share this report along with its recommendations with other Indian health stakeholders. You may find this report and all presentation slides at the Arizona Advisory Council on Health Care website: <https://acoihc.az.gov/reports> and <https://acoihc.az.gov/health-care-initiatives>, respectively.



*Figure 1. CHR Summit III Planning Committee*



# PROCEEDINGS (DAY 1)

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## OPENING

Emcee Wayne Ivans, CHR, White Mountain Apache Tribe, opened the day's proceedings with a brief description of his background and his work as a CHR. Vincent Randall, Apache Cultural Director, Yavapai-Apache Nation, gave a blessing in the Apache language. Honorable Jane Russell-Winiecki, Chairwoman of the Yavapai-Apache Nation, delivered opening remarks in which she talked about the Yavapai-Apache Nation's health goals as a tribe and the important role CHRs play in achieving those goals.

Kelly Eagle, Public Health Nurse/CHR Consultant, Phoenix Area Indian Health Service, gave the event's opening remarks. Ms. Eagle touched on her personal background; originally from a reservation in North Dakota. Ms. Eagle then shared unique aspects of CHRs' work on her and other reservations, such as CHRs' clients being spread far apart across Indian lands, CHRs important role in being language and cultural liaisons for their patients, and the important link they provide between patients and healthcare providers.

## RECOGNITION OF PLANNING COMMITTEE & SUMMIT SPONSORS/PARTNERS

Kim Russell, Executive Director, Arizona Advisory Council on Indian Health Care, recognized key individuals, organizations, and tribes that were instrumental in the execution of the Summit, including the Summit Planning Committee, Host Tribe: Yavapai-Apache Nation, the Hualapai CHR Program, the University of Arizona Prevention Research Center, and other sponsors (see Page 1 for a list of Summit III sponsors).

## BACKGROUND & OVERVIEW OF SUMMIT

Yanitza Soto, CHW Program Manager, Arizona Department of Health Services, shared information on the previous CHR Summits and the current Summit. In 2015, 17 tribal programs attended, compared to the 19 tribal programs that attended in 2016. Each year, from 2015 to 2017, the CHR Summits have increasingly attracted CHR workers and partners, and tribal programs. Ms. Soto expressed that statewide partnerships with the Arizona Community Health Outreach Workers Association (AzCHOW) and the Helping Other Promotores Excel (HOPE) Network are important for the objectives of the Summits.

## UPDATE & OVERVIEW OF THE COMMUNITY HEALTH AIDE PROGRAM EXPANSION & WORKFORCES

Georgiana Old Elk, CHR Lead, Indian Health Service, gave an overview of the IHS Community Health Aide Program (CHAP) expansion. CHAP was first established in 1968 in the Alaska Native villages, and starting in 2016, discussions began pertaining to an expansion of the program in the lower 48 states. The IHS is currently adapting the



Figure 2. Georgiana Old Elk, CHR Lead

Alaska CHAP model to form a national IHS CHAP to address communities' increasing demands for comprehensive, quality health care (see Page 7 for a diagram of the proposed IHS CHAP). The Indian Health Care Improvement Act is the authorizing legislation that allowed for the creation of the IHS CHAP. Ms. Old Elk shared recent steps the IHS has taken to expand the CHAP:

- in late 2016, tribal consultation sessions were completed to create an IHS policy statement on the expansion;
- in April 2017, the Office of Clinical and Preventive Services (OCPS) was directed to take the lead on the expansion;
- OCPS has since appointed leads for each Aide program under the expansion – Behavioral Health Aides (BHA); Community Health Aides (CHA); Dental Health Aides (DHA).

Finally, Ms. Old Elk expounded upon the BHA program. The BHA roles under the expansion would be organized in tiered-practice levels and certification could be carried out through tribal colleges and universities across the U.S. Also, Centers for Medicare and Medicaid Services (CMS) reimbursement will be established.

Minette Wilson, Public Health Advisor, Behavioral Health Aide Lead, Indian Health Service, shared background information on the CHR program. Most of the paraprofessionals within the lower 48 states are CHRs. **The current CHR workforce is 1,700, representing more than 250 tribes in 12 service areas.** Ms. Minette also discussed the future of the CHR program under the expansion. The CHR program is being adapted to mirror the Community Health Aide program of the Alaska CHAP model. The CHR program will consist of various tiers of paraprofessional services.

Chris Halliday, DDS, Dental Health Aide Therapy Lead, Deputy Director, Division of Oral Health, Indian Health Service, wrapped up the CHAP expansion overview with a detailed description of the Dental Health Aide (DHAT) program. Dr. Halliday reported oral disease in the AI/AN population is 2.5 times higher than the national average. Mr. Halliday stated that oral health strongly impacts overall health. Lastly, Mr. Halliday shared the next steps for the DHAT program under the expansion: charter development, stakeholder engagement, and workgroup formation. For more information on CHAP expansion, please visit <http://bit.ly/2DmkD6h>.

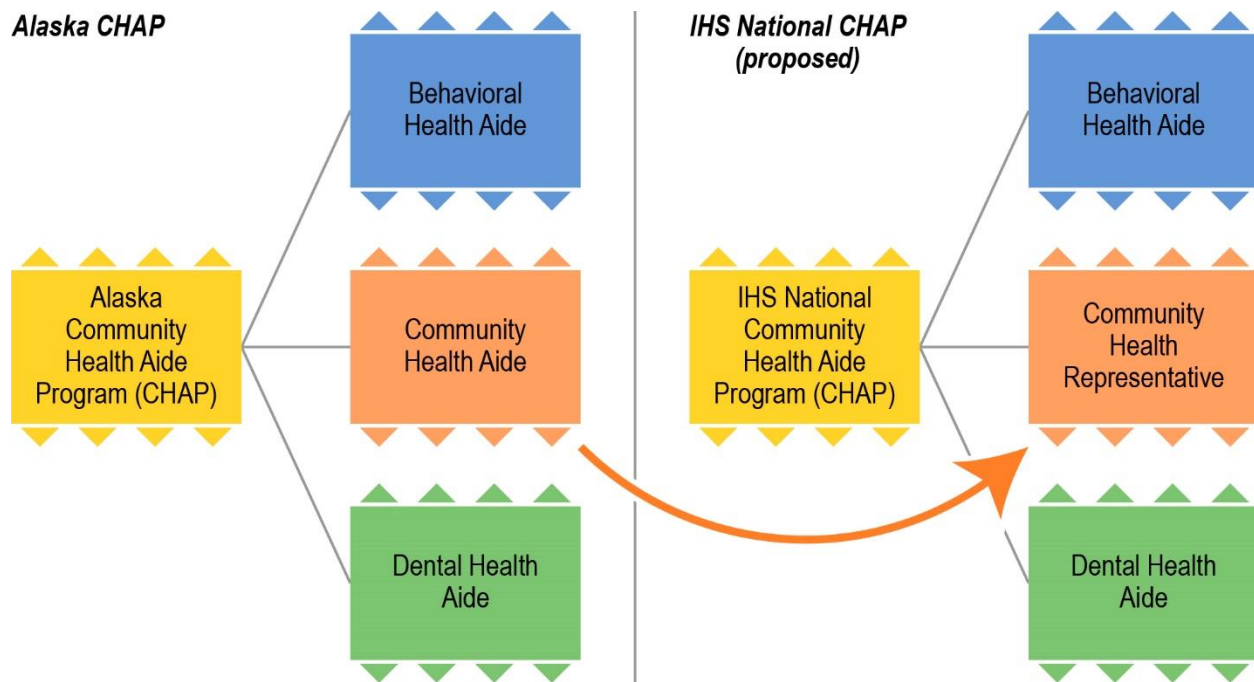


Figure 3. Proposed IHS National CHAP

## KEYNOTE ADDRESS: “THE ROLE OF CHR’S IN NATIVE NATION-BUILDING: CONNECTING INDIGENOUS PEOPLE TO POWER, SYSTEMS, HEALTH AND WELL-BEING”



Figure 4. Dr. Manley Begay, Jr.

The keynote address by Manley Begay, Jr., Ed.D, Professor, Department of Applied Indigenous Studies, Department of Politics and International Affairs, College of Social and Behavioral Sciences, Northern Arizona University, examined the importance of CHRs in the Native Nation Building movement. Dr. Begay was the first Native American to receive a doctorate from Harvard University and is from the Navajo Nation. Dr. Begay outlined the Native Nation Building approach: 1) Sovereignty matters; 2) Institutions matter; 3) Culture matters; 4) Strategic thinking matters; and 5) Leadership matters. Various tribes have found unique success through focusing on the critical elements of nation building. Finally, Dr. Begay shared health statistics of various countries and compared them to the U.S. and tribal nations. The infant mortality rate is the single most comprehensive indicator of the level of health of a society. CHRs play an important role in curbing why people die and help a society become healthier.



## UNDERSTANDING THE ARIZONA LEGISLATIVE PROCESS

Kristen Boilini, Managing Partner, Pivotal Policy Consulting, is a lobbyist and through her lobbying work is well-experienced in the Arizona legislative process. She explained how legislators are not necessarily experts on healthcare, yet make important healthcare decisions for their constituents. Legislators play an important role in determining the delivery, cost, and quality of healthcare. Ms. Boilini outlined how a bill becomes a law, and stated that the legislative process is designed to kill bills. Understanding legislators' priorities is important in being successful at getting a bill passed. Legislators are influenced by the needs of the district (constituents and businesses); short-term opportunities and deliverables; recognition, awards, and rankings; trustworthy experts; positive media; and financial and volunteer support. It is very competitive to get legislative attention – there are 3,000+ lobbyists, 400,000+ businesses, and 6.5 million people. Lastly, Ms. Boilini shared the characteristics of successful bills and gave recommendations on how to engage legislators.

## HISTORY OF THE COMMUNITY HEALTH WORKER (CHW) ADVOCACY MOVEMENT IN ARIZONA

Samantha Sabo, DrPH, Associate Professor, Department of Health Sciences, Center for Health Equity Research, Northern Arizona University, explained that CHW/R professional advocacy is about equity and social justice and imperative to reaching and supporting the wellbeing of vulnerable populations. There are four major groups that advocate on behalf of the CHW/R workforce – Arizona Community Health Worker Association (AzCHOW), Arizona Community Health Worker Workforce Coalition, Arizona Department of Health Services (ADHS) Community Health Worker (CHW) Leadership Council, and Community Health Representative (CHR) Movement. Other important groups include the HOPE Network. For a detailed explanation of these groups see CHR Policy Summit II report found here: <https://acoihc.az.gov/sites/default/files/REPORT%20-%20CHR%20Policy%20Summit%20II.pdf>



Figure 5. Summit III Host: Yavapai-Apache Nation CHR Program

## UPDATE OF ARIZONA’S COMMUNITY HEALTH WORKER BILL – HB 2426

Brook Bender, CHR Program Manager, Hualapai Tribe, and Preeo Johnson, CHR Program Manager, White Mountain Apache Tribe, gave an account of their experience in introducing HB 2426 during the 2017 legislative session. The intent of HB 2426 was to achieve state recognition and voluntary certification for community health workers in Arizona. The bill was drafted by the AzCHOW, which is a statewide organization that advocates for community health workers. Ms. Johnson provided supporting testimony during the Sunrise Application hearing. However, HB 2426 was eventually killed in the Transportation and Infrastructure Committee. Mr. Bender and Ms. Johnson encouraged other CHRs to get involved in the advocacy movement so that CHRs can be recognized and can bill for services, amongst other positive potential outcomes.



Figure 6. Brook Bender, Hualapai CHR Program Manager

### WHY CHR'S SHOULD BE A PART OF PRIMARY CARE MEDICAL TEAMS

Christina Interpreter, Family Nurse Practitioner, Salt River Pima-Maricopa Tribe, shared her past experiences working on the Gila River Indian Community (GRIC) and how CHRs impacted the delivery of health care. Ms. Interpreter explained that GRIC is a sprawling, large community with multiple districts and it was a challenge providing care over such a large land base. Ms. Interpreter stated CHRs were important for delivering care throughout the community. As a Family Nurse Practitioner, she was able to be in the community to provide care and follow-up to patients with the help of her team. The CHRs were her “eyes and ears” in the community and provided vital information and care on patients.

### THE TRIBAL/URBAN INDIAN EXPERIENCE: INCORPORATING CHR'S IN TEAM BASED CARE

Eugenia Mattia, CHR, Tohono O’odham Nation, and other Tohono O’odham Nation CHRs took turns sharing their stories as CHRs working for their tribe.

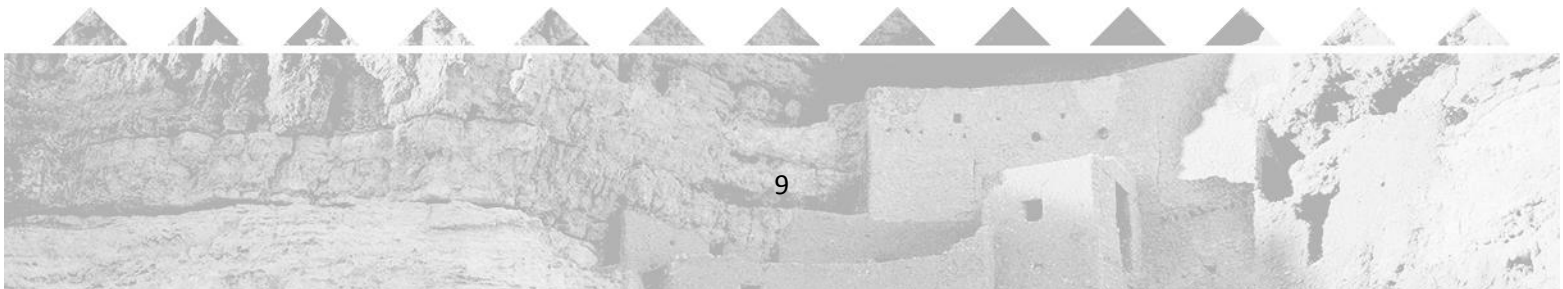
Madison Fulton, Health Promotion Specialist, Inter Tribal Council of Arizona, Inc. (ITCA), and Eric Hardy, Health Promotion Specialist, ITCA, presented on cultural resilience and offered an indigenous centered framework to address public health issues in American Indian communities. First, Ms. Fulton and Mr. Hardy gave an overview of the ITCA and the Good Health and Wellness in Indian Country program, which is a 5-year grant from the Center for Disease Control and Prevention (CDC) and from which their positions were created. The program aims to prevent heart disease, diabetes, stroke, and associated risk factors in tribal communities. Ms. Fulton and Mr. Hardy work with the following tribes:

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#### **Cultural Resilience**

The ability to overcome adversity and regain health and wellbeing after experiencing adversity, emphasizing healing by drawing from the social and cultural networks and practices of the community.

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- **7 Tribes in Arizona:** Ak-Chin Indian Community, Hualapai Tribe, Hopi Tribe, Pascua Yaqui Tribe, Salt River Pima-Maricopa Indian Community, White Mountain Apache Tribe, Yavapai-Apache Nation
- **4 Tribes in Nevada:** Duckwater Shoshone Tribe, Ely Shoshone Tribe, Reno-Sparks Indian Colony, Te-Moak Tribe of Western Shoshone
- **2 Tribes in Utah:** The Paiute Indian Tribe of Utah, Ute Indian Tribe of the Uintah and Ouray Reservation.

Next, Ms. Fulton and Mr. Hardy dissected the differences between Western and Indigenous frameworks of health. The two distinct frameworks represent the extreme ends of a spectrum of ideologies, and people's thoughts and ideas on health fall anywhere between the two extremes.

### ***Conventional (Western) Framework of Health / Indigenous Framework of Health***

- The goal of the conventional (Western) framework of health is to provide quality health care and access to health care.
- The goal of the indigenous framework is to live a healthy life as determined by indigenous knowledge.

Finally, Ms. Fulton and Mr. Hardy discussed the negative impacts of colonialism and how effects of colonization can be broken through chronic disease prevention.

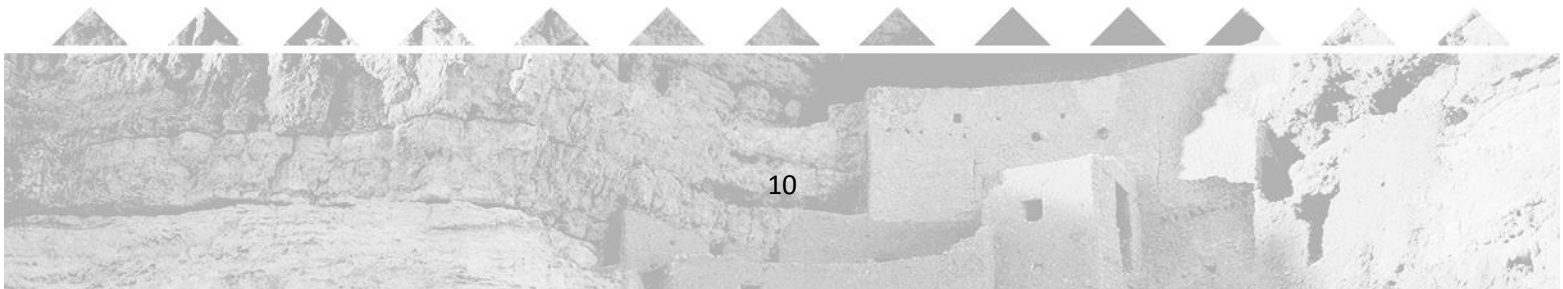
## **AHCCCS AMERICAN INDIAN MEDICAL HOME WAIVER OVERVIEW AND UPDATE**

Ron Speakman, Supervisory Nurse Specialist, Acting Director, San Xavier Health Center, Tohono O'odham Nation Health Care, shared the requirements for American Indian Medical Home (AIMH) providers as outlined by the Arizona Health Care Cost Containment System (AHCCCS) Section 1115 Waiver Proposal. The AIMH waiver was designed to support development of Patient Centered Medical Homes (PCMH) at IHS/Tribal 638 facilities across AZ.

### ***Requirements to become an AIMH***

- IHS or Tribal 638 facility
- Patient Centered Medical Homes (PCCM) accreditation - NCQA or another appropriate accreditation body, OR National IHS Improving Patient Care (IPC) program annual attestation
- Enter into AIMH Inter Governmental Agreement
- Annual renewal

Finally, Mr. Speakman shared a timeline of important dates for the AIMH waiver implementation. The waiver is set to begin October 1, 2017.





## PROCEEDINGS (DAY 2)

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### CONCURRENT WORKSHOP 1 & 2

#### ***Session A: Heart Disease, Stroke, & Social Determinants of Health***

Description: The American Heart Association presented on the emphasis the Association has on understanding the social factors that affect health such as education, income, race and the environment. In order for deaths to decline from heart attacks, strokes and other heart diseases it is important to learn about how overall population health can be improved by addressing the social determinants of health.

Presenter: Vanessa Contreras, Multicultural Initiatives Director, American Heart Association

#### ***Session B: Diabetes: Everything you want to know***

Description: Understanding Diabetes can be overwhelming. This presentation outlines this complex chronic disease by breaking down everything you want to know from symptoms, how to treat Diabetes, understanding how Diabetes affects the body and medication management.

Presenter: Bernadine John, Diabetes Coordinator, Tse'hootsoo; Medical Center

#### ***Session C: Behavioral Health – Suicide Prevention***

Description: QPR-Question, Persuade, Refer is an evidence-based Suicide Prevention First Aid. People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

Presenter: Derek Patton, Division Director, Integrated Behavioral Health, Phoenix Area Indian Health Service

#### ***Session D: Full Spectrum Approach to Wellness: Healthy Living Evidence-Based Education***

Description: Chronic Disease Self-Management Program is an evidence based education program for people living with a chronic disease. The Arizona Living Well Institute oversees all Chronic Disease Self-Management training in Arizona. If you are interested in participating in the training, or to become a trainer this presentation is for you.

Presenter: Wendy O'Donnell, Director, Arizona Living Well Institute

## CONCURRENT WORKSHOP 3

### ***Session A: Pathways to Reducing Disparities in Oral Health***

Description: The objectives of the presentation included: understanding the interdisciplinary approaches in health care delivery for community workers; introducing the community health worker to oral health disparities and alternative workforce models to address oral health in tribal communities; building relationships with dental providers to open access points in health care delivery.

Presenter: Maxine L. Janis, MPH, RDH, ABD, Associate Professor/President's Liaison Native American Affairs, College of Arts & Sciences, Heritage University

### ***Session B: How CHRs Play a Key Role in Falls/Injury Prevention of Elders***

Description: As frontline public health workers in your communities Community Health Representative can play a major role in identifying fall hazards and risks and prevention. The Arizona Department of Health Services will present on information and resources available for falls/injury prevention.

Presenter: Babak Nayeri, ND, Healthy Aging Program, Director, Arizona Department of Health Services

### ***Session C: Substance Abuse***

Description: This session is an overview of drugs, the effects drugs have on the body and why people abuse drugs. Emerging trends on drugs of abuse, substance abuse treatment options and resources are presented.

Presenter: Derek Patton, Division Director, Integrated Behavioral Health, Phoenix Area Indian Health Service

### ***Session D: Circle of Life Training for CHRs: Addressing Cancer Information Needs of American Indian Communities***

Description: The American Cancer Society is dedicated to providing culturally relevant trainings in order to share cancer information to diverse populations. Join the American Cancer Society to learn more about the Circle of Life Training specifically sharing the needs of American Indian communities.

Presenter: Sussan Olivera, Health Systems Manager, American Cancer Society

## LUNCH PRESENTATION – CONGRESSIONAL UPDATES IMPACTING INDIAN HEALTH

Alida Montiel, Health Systems Director, Inter Tribal Council of Arizona, Inc., shared information regarding federal budgets influencing Indian health. Ms. Montiel reported that in the 2018 budget there was no monies allocated for the construction of Arizona facilities. IHS has \$32 billion of unmet need. Ms. Montiel ended by sharing updates on the Affordable Care Act (ACA). She discussed the initiatives to repeal and replace the ACA under the Trump Administration. Some congress members are seeking bi-partisan approach to amend the ACA.

## BUILDING THE CHR COALITION

Presenters: Michael Allison, Native American Liaison, Arizona Department of Health Services; Joyce Hamilton, CHR Program Manager, Hopi Tribe; Samantha Sabo, DrPH, Associate Professor, Department of Health Sciences, Center for Health Equity Research, Northern Arizona University

The Summit III attendees were guided through several interactive exercises to generate input and feedback that formed the basis of the development of principles and values, and draft mission statements for the Arizona Community Health Representatives Coalition.



Figure 7. Principles and Values



### **Draft Mission Statements by Summit III Participants**

*To strengthen and increase partnerships by establishing the CHR Coalition. It will elevate the quality of morality, ethics, and loyalty as well as maintain self-respect of the discipline.*

*To elevate the CHR workforce to be recognized as an essential component of the health and human services system by advocating for certification.*

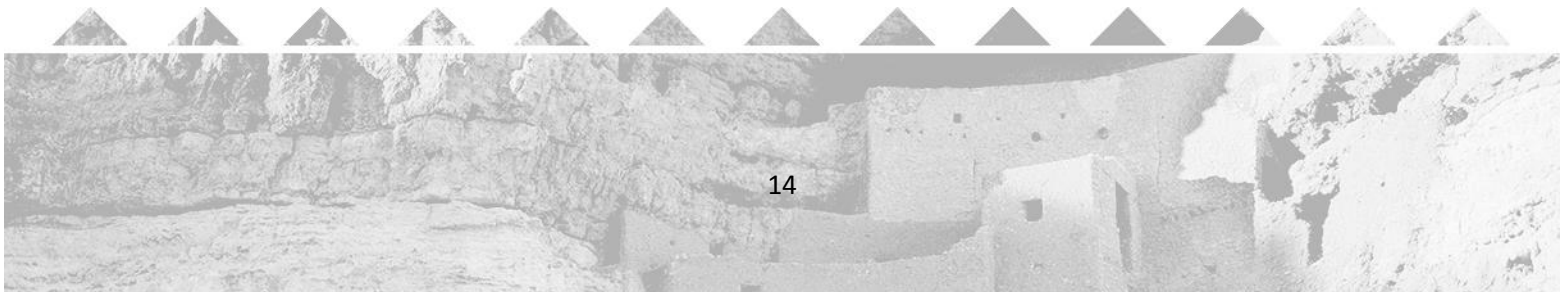
*To advocate, improve, and sustain health care services for tribal communities through a strong voice.*

*To promote health living in our communities through hard work, courage, and helpfulness that will result in increasing happiness among our people.*

*To advocate with wisdom, trust, and integrity, while being a voice for the well-being of our people.*

### **CLOSING**

Mae-Gilene Begay, CHR Director, Navajo Nation, delivered the closing remarks to conclude the Summit.



# EVALUATION RESULTS

## EVALUATION PARTICIPANTS

Among a total of 85 registered CHR Policy Summit III participants, a total of 34 participants completed an evaluation, which is an approximate 40% evaluation response rate. The average age among those participants to complete a conference evaluation was 48 years, with an age range of 27 to 76 years. Respondents included 19 (55%) CHRs, 5 (15%) CHR Supervisors, 2 (6%) Public Health Nurses, and 2 (6%) others. Respondents were employed in their current position for an average of 10 years, while total years of employment in current position ranged from 6 months to 40 years.

## OVERALL CONFERENCE SATISFACTION

A total of 34 participants answered the question: Please rate your overall satisfaction with the conference (1=poor; 2=satisfactory; 3=good; 4=very good; 5=excellent).

Percent of respondents that rated conference components as **very good or excellent**:

- 80% organization of the conference
- 85% content of presentations
- 79% networking opportunities
- 79% out-of-session activities
- 91% conference presenters

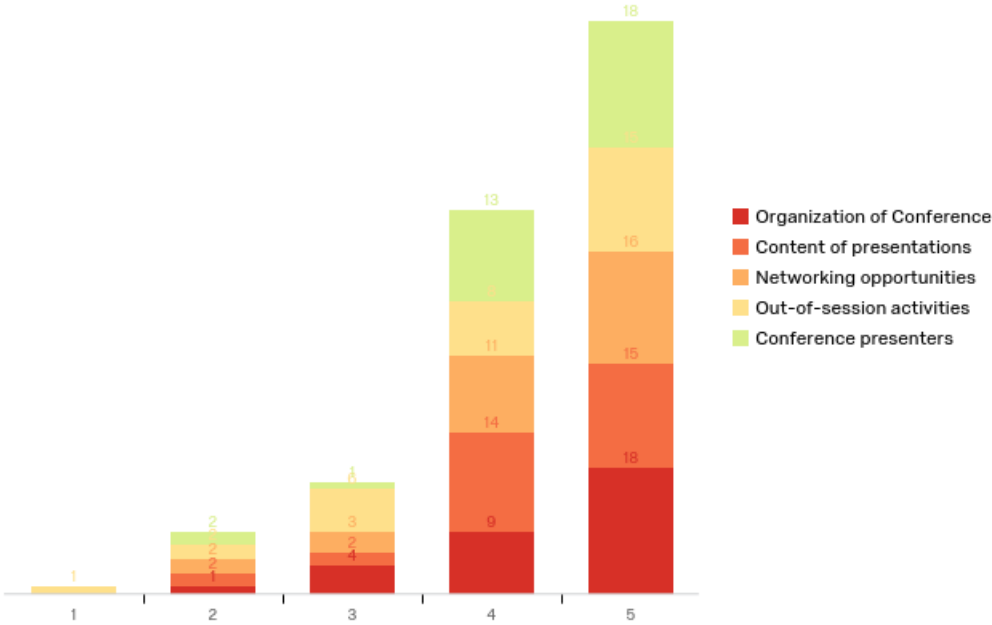
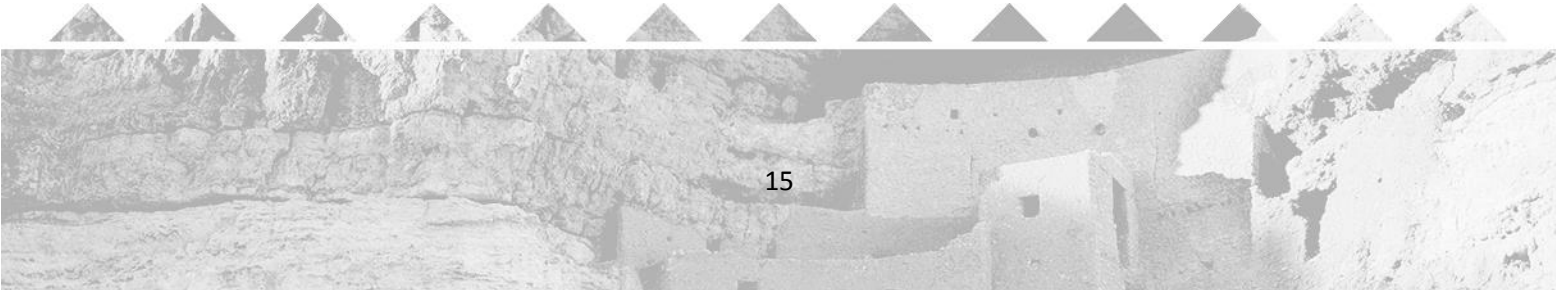


Figure 8. Overall Conference Evaluation, 2017 (Total Responses = 34)



## MOST HELPFUL & INTERESTING CONFERENCE SESSIONS

*What Sessions did you find the most helpful/interesting and why?*

Participants described the breakout sessions, especially mental health and oral health, as well as the key note address, federal IHS updates on CHR workforce related changes and the interactive team building activities to be the most helpful and interesting. Participants quotes included the following:

*"I found oral health very informative. I think oral health needs to be pushed as far as education until training for CHRs can be found"*

*"Suicide prevention because at our community there are a lot of people depressed."*

*"Heart health, stroke, social/emotional for patients and how to cope"*

*"How CHRs play a key role in falls. I learned a lot because I live with elders and I'm around elders most time throughout the day."*

*"Dr. Manley Begay's presentation. It brought back the old ways of our people and the people stayed healthy."*

## HEALTH TOPICS NOT ADDRESSED BUT DESIRED IN THE FUTURE

*Was there a health specific topic or issue that you would have wanted addressed?*

Participants provided feedback on several future conference and training topics, which fell into four main categories. CHRs identified the need for training in the following areas:

- **CHR Professional Development and Care:** conflict resolution, CHR self-care and recognition, managing stress and staying motivated, and working effectively with Tribal Councils.
- **Mental Well-being:** mental health first aid, suicide prevention, substance use and abuse, Alzheimer's prevention and management, social and emotional support and methods for coping with heart health and stroke.
- **Co-occurring Illness:** CHRs recognized that often participants suffer from multiple chronic disease and wanted training on how to manage more than one illness, specifically how to support patient diagnosed with diabetes and cancer, suicidality and diabetes.



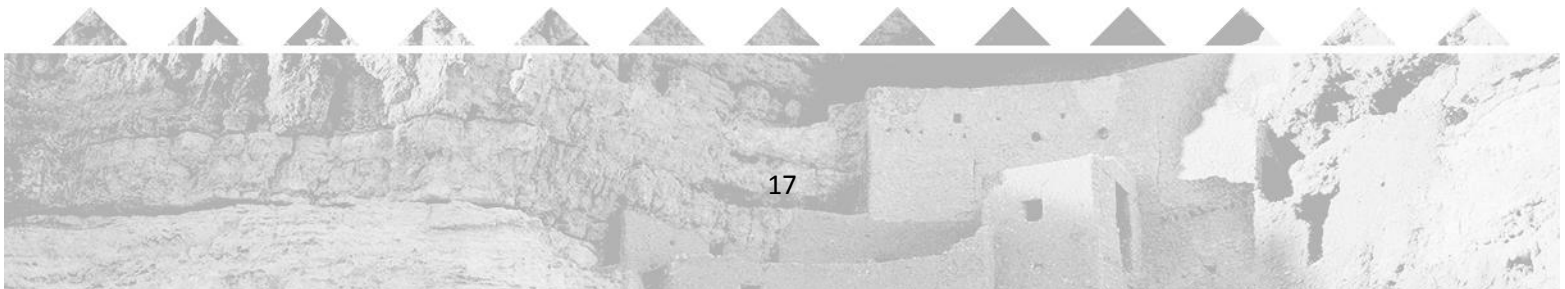
- **CHR Services Reimbursement:** steps and procedures and or documentation practices that will support reimbursement for CHR services and more detailed steps and examples of how to incorporate CHRs into team-based care.
- **Conference Format:** interactive and team building activities, and opportunities to experience native ways from the various Tribes represented at the CHR Summit.

## LOCATION OF THE 2018 CHR POLICY SUMMIT

*Where should the location for the 2018 CHR Summit IV be?*

Summit III participants provided the following suggested locations:

- **6 Votes:** Hondah Casino Conference Center, Whiteriver, Arizona
- **4 Votes:** Las Vegas, Nevada
- **3 Votes:** Phoenix, Arizona
- **2 Votes:** Twin Arrows Casino and Conference Center, Flagstaff, Arizona
- **2 Votes:** Prescott Resort and Conference Center, Prescott, Arizona
- **1 Vote:** Sky Ute Casino, Ignacio, Colorado
- **1 Vote:** Hualapai National, Peach Springs, Arizona
- **1 Vote:** Cliff Castle Casino Hotel, Camp Verde, Arizona



## HEALTH AND SOCIAL TOPICS OF FOCUS

CHRs reported the following health and social areas of focus:

- No less than 50% of evaluation respondents reported diabetes, nutrition and physical prevention activities and chronic disease prevention as their primary health activities focus
- 50 % focused on Environmental health
- 34% reported alcohol, substance abuse and injury control as primary focus
- 30% addressed HIV/AIDS and reproductive and sexual health
- 18% reported behavioral health and mental health as a primary focus
- CHRs primary population of focus included elders (47%), compared to maternal and child health (18%) and adolescent health (.5%)

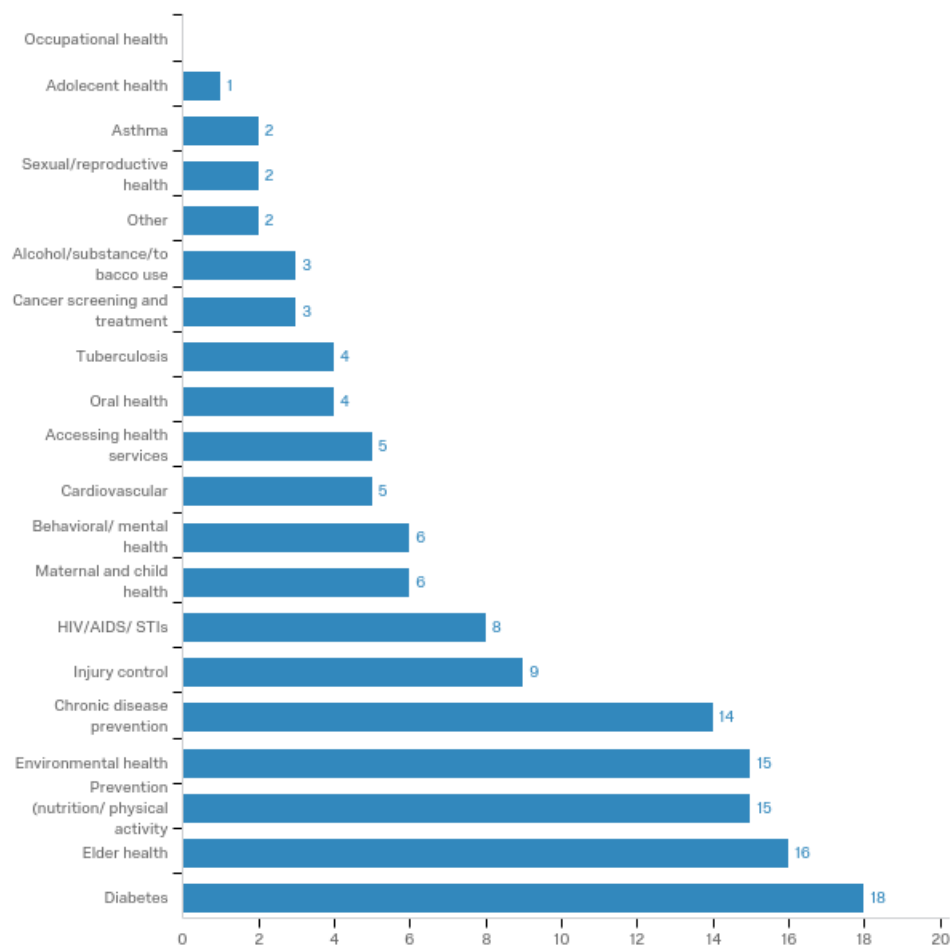
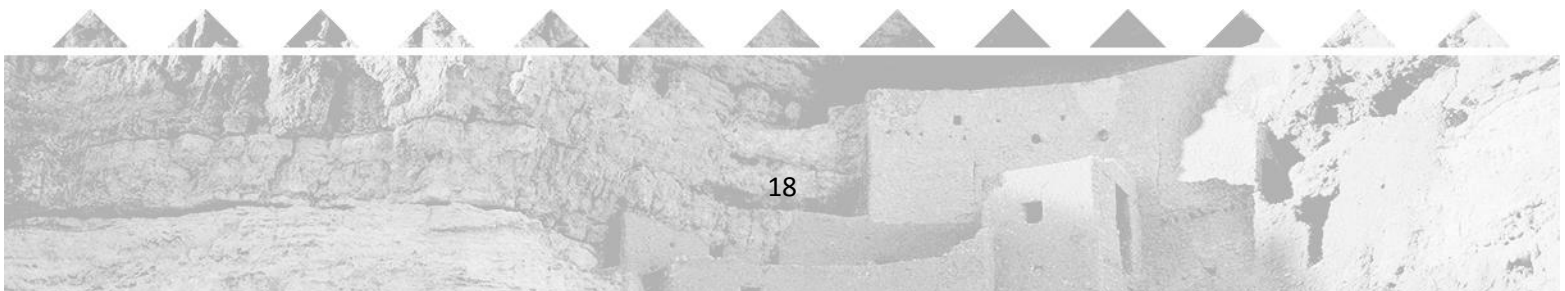


Figure 9. CHR Top Health & Social Areas of Focus, 2017 (Total Responses = 20)



## TOP TRAININGS DESIRED BY CHRS

*What are the top 5 trainings you could benefit from?*

CHRs identified several areas of training from which they could benefit from, among the top included:

- 61% Advanced CHR Training
- 47% Diabetes
- 44% cancer
- CHRs also mentioned Alzheimer's, suicide prevention , health start (Arizona Department of Health Service statewide CHW/MCH home visiting program)

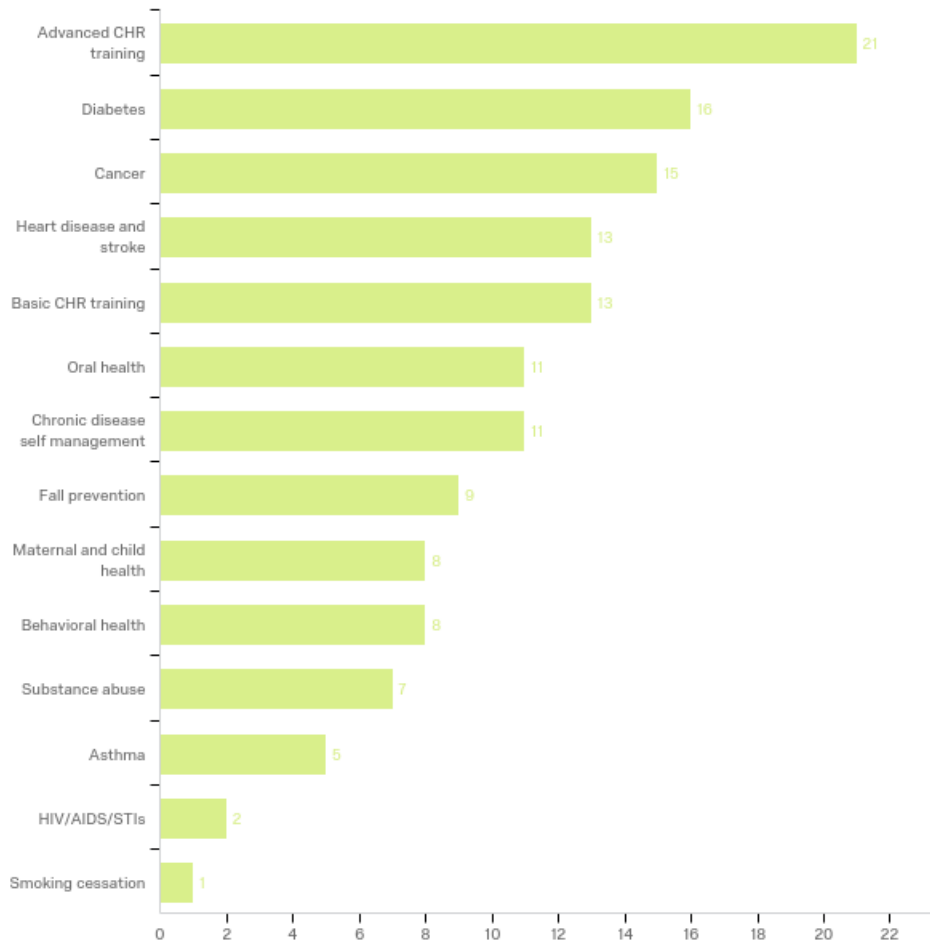
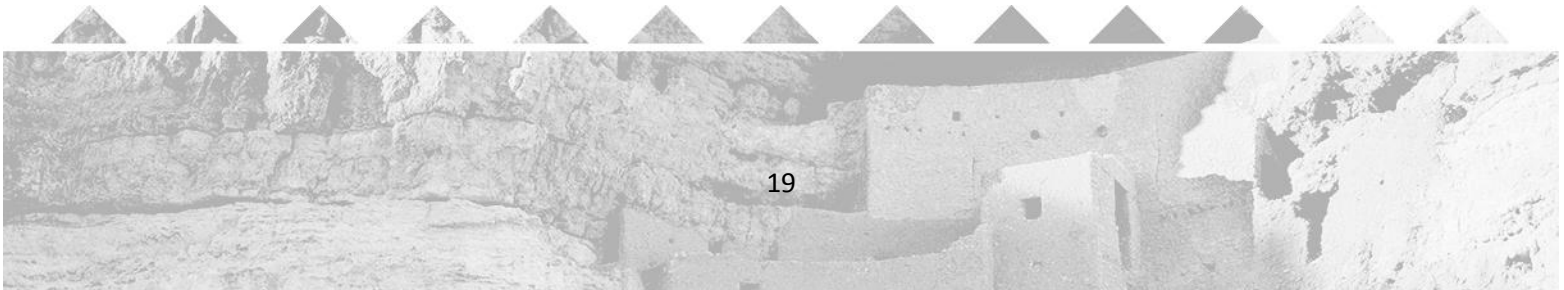


Figure 10. Top Trainings requested by CHRs, 2017



# VOLUNTARY COMMUNITY HEALTH WORKER CERTIFICATION

How likely are you to participate in voluntary certification?

- 64% (18) were likely to participate
- 35% (10) were unsure if they would participant
- No one was unlikely to participant

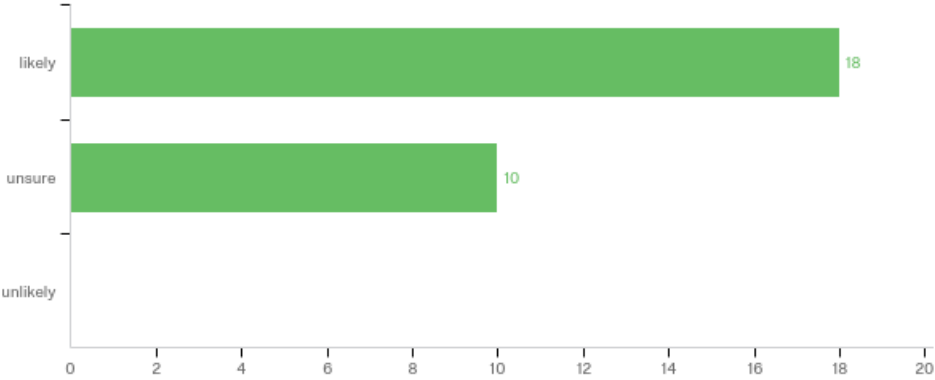
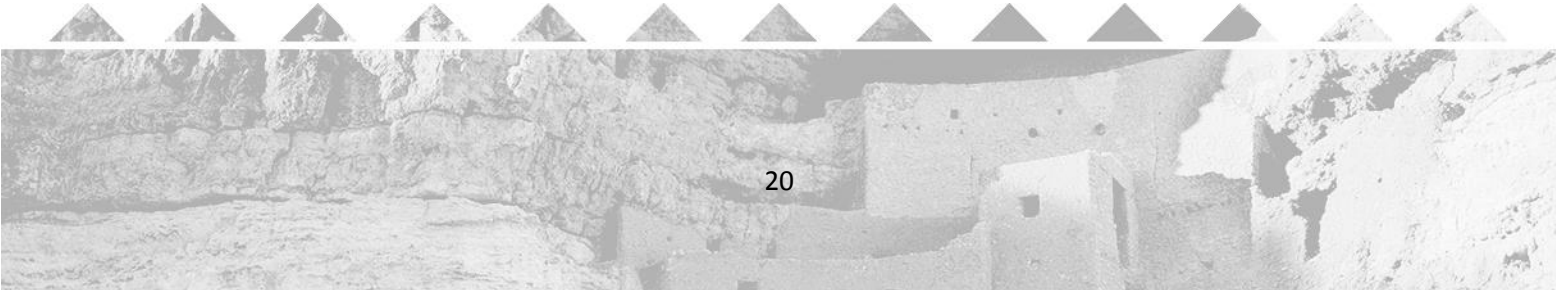


Figure 11. CHR Likelihood to Participate in CHW Statewide Voluntary Certification, 2017 (Total Responses = 34)





## NEXT STEPS & RECOMMENDATIONS

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Several strategies and next steps were suggested during Summit III to strengthen the CHR workforce.

### **Certification of the CHR Workforce**

One of the primary goals of the CHR movement is to achieve recognition of the CHR workforce. With certification, the workforce can be standardized and assist in elevating their status in the health care community. In the near future, CHRs will have two separate pathways, one state and one federal, to achieve certification.

- Arizona Statewide Voluntary CHW Certification: CHRs have been largely supportive of policy efforts to establish a statewide Arizona Community Health Worker voluntary certification process. Certification of the CHRs would also aid in beginning conversations with AHCCCS to bill Medicaid for their services.

#### Recommendations:

- Provide input to Arizona's CHW Bill to reflect Tribes' needs and the separate tribal systems that they operate within.
  - Ensure representation of Tribes on advisory boards created by the CHW Bill.
- IHS CHAP: Uniquely available to Tribal CHRs is the IHS CHAP which is being followed closely, as the Community Health Aide role under the IHS CHAP draws a profound connection to the CHR workforce.
    - Recommendation: Explore how the IHS CHAP can be implemented with the current CHR Model.

### **Medicaid Reimbursement**

Tribes have a separate line item in the IHS budget for CHR programming but the budget has been at level funding for many years. The budget allows for Tribes to employ CHRs and in Arizona, of the 1000 CHWs in the state, 30% are CHRs. The Navajo Nation is the largest employer of CHRs in the state and employs over 150 CHRs.

Many CHRs are highly trained and some have achieved certification as Certified Nursing Assistants. The additional training has allowed many to work side by side with health professional in primary care, behavioral health and dental. CHRs are valuable members of health care teams and thus are interested in exploring the possibility of their services such as in other states.

In North Dakota, through a State Plan Amendment, CHRs are able to provide target case management for an older adult population. Specific training was required. Tribes are interested in how this was achieved so they can sustain and strengthen the workforce. In addition, in Arizona, the American Indian Medical Home was approved by CMS which would provide medical homes with a per member per month payment. Some medical home teams include CHRs but reimbursement does not go to the CHR program.

### Recommendations:

- Explore creating a waiver or state plan amendment with AHCCCS that will allow for reimbursement of CHR services.
- Explore how the American Indian Medical Home Model could possibly be used to expand the CHR workforce.
- Further investigate how the newly interpreted CMS policy of extending the 100% FMAP for services received through an IHS or tribal facility could aid in reimbursing CHR services.

### **Organizing the CHR Movement**

Additionally, the CHR Movement endeavors to establish a stronger community through regular meetings and communication to share and discuss ideas related to the CHR workforce. The Summit III participants helped develop a set of draft values and principles, and mission statements that will be used to form the foundation of an organized CHR advocacy group to aid with the efforts detailed above.

### Recommendations:

- Consistent and regular gatherings should be convened with CHRs to gather input, identify common issues and identify common solutions so that the workforce can be accurately represented.
- Identify the mission statement of the CHR Movement from those created at Summit III.
- Explore grant opportunities that can address CHR issues and initiatives.

Lastly, the Summit III participants offered valuable information regarding future Summits, including desired health and social topics, location and venues of the next Summit, and desired trainings (see the *Evaluation Report* section above).

## APPENDIX A: SUMMIT III PARTICIPANTS

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**Allison, Michael**

Arizona Department of Health Services

**Cordova, Lourdes**

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**Harvey, Sherry**

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**Harvey, Tyson**

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**Attakai Agnes**

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**Bender, Brook**

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Canoncito Band Of Navajos NM

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**Soto, Yanitza**

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**Mix Claradine**

Gila River Indian Community

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**Rope, Davalyn**

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**Tso, Laurencita**

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**Montiel, Alida**

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**Rowe, Rebecca**

Gila River Indian Community





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**Namoki, Rose**

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**Nozie, Timmy**

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**Ortega, Loretta**

Tohono O'odham Nation

**Smith, Keetah**

United Voices, Washington D.C.

## APPENDIX B: AGENDA

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### Day 1 (Wednesday, August 23, 2017)

- 7:00am ► 5:00pm Conference Registration Opens
- 7:00am ► 8:00am Continental Breakfast (Provided)
- 8:00am ► 8:15am Opening Blessing and Welcome Remarks
- Vincent Randall, Apache Cultural Director, Yavapai-Apache Nation
  - Honorable Jane Russell-Winiecki, Chairwoman, Yavapai-Apache Nation
- 8:15am ► 8:30am Opening Remarks
- Kelly Eagle, PHN/CHR Consultant, Phoenix Area, Indian Health Service
- 8:30am ► 8:45am Introductions of Summit Participants
- 8:45am ► 8:50am Recognition of Planning Committee and Summit Sponsors/Partners
- 8:50am ► 9:00am Background and Overview of Summit
- Yanitza Soto, CHW Program Manager, Arizona Department of Health Services
- 9:00am ► 10:00am Keynote Address:
- Dr. Manley Begay, Ed.D, Title TBD, Northern Arizona University
- 10:00am ► 10:30am Exercise Break
- 10:30am ► 12:00pm Update and Overview of the CHAP Expansion and Workforces
- Georgiana Old Elk, CHR Lead, Indian Health Service
  - Minette Wilson, Public Health Advisor, BHA Lead, Indian Health Service
  - Dr. Chris Halliday, DHAT Lead, Oral Health, Indian Health Service
- 12:00pm ► 1:00pm Slide Presentation and Lunch (provided)
- 1:00pm ► 1:45pm Understanding the Arizona Legislative Process
- Kristin Boilini, Pivotal Policy Consulting



## Day 1 Continued

- 1:45pm ► 2:00pm History of the CHW Advocacy Movement in Arizona
- Sam Sabo, Arizona Prevention Research Center, Mel and Enid Zuckerman College of Public Health, University of Arizona
- 2:00pm ► 2:30pm Update of Arizona's Community Health Worker Bill - HB 2426
- Brook Bender, CHR Program Manager, Hualapai Tribe
  - Preeo Johnson, CHR Program Manager, White Mountain Apache Tribe
- 2:30pm ► 2:45pm Break (snacks provided)
- 2:45pm ► 3:30pm Why CHR's should be a part of Primary Care Medical Teams
- Christina Interpreter, Nurse Practitioner, Gila River Health Care Corporation
- 3:30pm ► 4:30pm The Tribal/Urban Indian Experience: Incorporating CHR's in Team Based Care
- Eugenia Mattia, CHR, Tohono O'odham Nation
  - Madison Fulton, Health Promotion Specialist, Inter Tribal Council of Arizona
  - Eric Hardy, Health Promotion Specialist, Inter Tribal Council of Arizona
- 4:30pm ► 5:00pm AHCCCS American Indian Medical Home Waiver Overview and Update
- Ron Speakman, Supervisory Nurse Specialist, Acting Director, San Xavier Health Center, Tohono O'odham Nation Health Care
- 5:00pm ► 6:00pm End of Summit Day One/Break
- 6:00pm ► 8:00pm Evening Activities
- 2-mile Fun Run/Walk
  - Ropes Course
  - Zumba



**Day 2 (Thursday, August 24, 2017)**

7:30am ► 8:30am Continental Breakfast (Provided)

8:30am ► 9:30am Concurrent Workshop I

Session A: Heart Disease and Stroke

- Vanessa Contreras, Multicultural Initiatives Director American Heart Association

Session B: Diabetes

- Bernadine Russell, Diabetes Coordinator, Tsehootsooi Medical Center

Session C: Behavioral Health – Suicide Prevention

- Derek Patton, Division Director, Integrated Behavioral Health, Phoenix Area Indian Health Service

Session D: Chronic Disease Self-Management

- Wendy O'Donnell, Director, Arizona Living Well Institute

9:30am ► 9:45am Break

9:45am ► 10:45am Concurrent Workshop II (Repeat)

Session A: Heart Disease and Stroke

- Vanessa Contreras, Multicultural Initiatives Director American Heart Association

Session B: Diabetes

- Bernadine Russell, Diabetes Coordinator, Tsehootsooi Medical Center

Session C: Behavioral Health – Suicide Prevention

- Derek Patton, Division Director, Integrated Behavioral Health, Phoenix Area Indian Health Service

Session D: Chronic Disease Self-Management

- Wendy O'Donnell, Director, Arizona Living Well Institute

10:45am ► 11:15am Break





## Day 2 Continued

11:15am ► 12:15am Concurrent Workshop III

Session A: Pathways to Reducing Disparities in Oral Health:  
Intervention Strategies

- Maxine L. Janis, MPH, RDH, ABD, Associate Professor/President's Liaison Native American Affairs, College of Arts & Sciences, Heritage University

Session B: How CHR's Play a Key Role in Falls/Injury  
Prevention of Elders

- Dr. Babak Nayeri, Healthy Aging Program, Director, Arizona Department of Health Services

Session C: Substance Abuse

- Derek Patton, Division Director, Integrated Behavioral Health, Phoenix Area Indian Health Service

Session D: Circle of Life Training for CHR's: Addressing Cancer  
Information Needs of American Indian Communities

- Sussan Olivera, Health Systems Manager, American Cancer Society

12:15pm ► 1:15pm Lunch Presentation - Congressional Updates impacting Indian  
Health

- Alida Montiel, Health Systems Director, Inter Tribal Council of Arizona, Inc.

1:15pm ► 4:00pm Building the CHR Coalition

- Michael Allison, Native American Liaison, Arizona Department of Health Services
- Joyce Hamilton, CHR Program Director, Hopi Tribe
- Samantha Sabo, DrPH, Associate Professor, Department of Health Services, Center for Health Equity Research, Northern Arizona University

4:00pm ► 4:30pm Closing Remarks and Blessing

- Mae-Gilene Begay, CHR Director, Navajo Nation

4:30pm Summit Adjournment