

CHR SUMMIT VI



**BUILDING
HEALTHIER
COMMUNITIES**
through
**INTEGRATION,
BEST PRACTICES,
ADVOCACY and
CULTURE**

**CHR
Annual
Summit VI**
*Conference
Proceedings
and
Evaluation
Report*

November 2 – 4, 2022
Henderson, Nevada

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Photographs and Design

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Artist's statement:

The intent of the CHR Summit VI design work is to inspire hope and enthusiasm. The butterfly represents transformation or rebirth and is a powerful image for many American Indian Tribes. The bright, varied color palette utilized throughout the designs represents the diverse peoples of the CHR community.



Sponsors

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CHR SUMMIT PROCEEDINGS

The CHR Summit VI was successfully held at the Westin Lake Las Vegas Resort in Henderson, Nevada, November 2nd – 4th, 2022. This was the first time the annual Summit was able to convene in three years – since the start of the COVID-19 pandemic. More than 140 CHRs, tribal leaders, tribal health advocates, Indian Health Services (IHS) officials and other stakeholders gathered to address this year’s theme: *Building Healthier Communities through Integration, Best Practices, Advocacy, and Culture*. Participants represented more than 25 various Tribal Organizations and CHR programs across Arizona, the Southwest and as far away as Washington, Minnesota and South Dakota.

Pre-Conference

This year’s program included four separate pre-Conference breakout sessions, which provided four hours of training and skill development within the following topic areas:

- *RPMS Patient Care Component Documentation* (55 attendees)
- *Manager Training for Conflict Resolution, Emotional Intelligence and Communication Skill Development* (11 attendees)
- *CHR Roles in Advancing Health and Racial Equity* (34 attendees)
- *CHR Roundtable Discussion on Current Issues* (13 attendees)

Opening

The CHR Summit was formally opened on November 3rd, with a Land Acknowledgement by Kim Russell, Director of the Arizona Advisory Council on Indian Health Care (AACIHC), and an Opening Blessing by Selena Holgate, CHR with Native Americans for Community Action (NACA). Figure 1. Loretta Haven, PHN/CHR Consultant for the IHS Phoenix Area Office provided a recognition of the CHR Planning Committee and the many Sponsors who contributed sponsorships (totaling \$19,500) to this year’s event.



Figure 1. Selena Holgate, CHR with NACA, giving the Opening Blessing



Figure 2. Michelle Archuleta, National IHS CHR Consultant, giving the Keynote Address

Keynote Address

Michelle Archuleta, the National IHS Public Health Advisor and CHR Consultant then delivered the keynote address, which touched on the current issues facing CHRs and future directions for the workforce. Figure 2. She described the approach to updating the CHR Scope of Work (SOW) within IHS, and her interest in supporting local CHR programs' efforts to update their own SOWs or competencies. Ms. Archuleta's talk celebrated the accomplishments of the CHR workforce nationally, numbering over 1200. She specifically acknowledged the policy and workforce development work being done in Arizona and said that IHS is looking to the state as leaders in establishing "promising practices" related to CHR integration in health systems.

Plenary Session with Dr. Begay

Dr. Tommy Begay, a cultural psychologist from the University of Arizona's College of Medicine delivered an impactful and interesting presentation entitled, "*Sacred Wisdom: A Path to Healing from the Devastating Legacy of American Indian Historical Trauma.*" Figure 3. Dr. Begay spoke about the neurophysiological impacts of trauma, specifically Adverse Childhood Experiences (ACEs), and how these relate to stress, coping behaviors, and our biological processes. Dr. Begay emphasized the value of traditional practices and beliefs in healing from trauma and promoting personal and cultural resiliency.



Figure 3. Dr. Tommy Begay delivering his lecture on historical trauma and healing

Awards

The Annual CHR Awards were presented by Cdr. Loretta Haven and Michelle Archuleta during a buffet luncheon. This year there were three (3) **Outstanding CHR of the Year** Awardees: Selena Holgate from Native Americans for Community Action, Micah Marietta from Gila River Health Care, and Alfreda Wise, also from Gila River Health Care. Each recipient was presented with a plaque and recognized by the general assembly for their exceptional work as Community Health Representatives.

The **CHR Tribal Program of the Year** also had multiple honorees: The Tohono O’odham Nation and Gila River Health Care were both recognized as outstanding programs based upon their numerous peer nominations. Figure 4.



Figure 4. Gila River Health Care CHR staff with Michelle Archuleta, National IHS CHR Consultant



Figure 5. Cdr. Loretta Haven, IHS Phoenix Area PHN/CHR consultant, with Joyce Hamilton, recipient of the 2022 Preo Johnson Leadership Award

The **Preo Johnson Leadership Award** was presented to Joyce Hamilton, Hopi CHR Manager, recognizing her work in advocacy, leadership, and continued efforts to promote and advance the CHR workforce. Figure 5. The White Mountain Apache Tribe CHR program staff presented Ms. Hamilton with a ceremonial blanket and other items, which they put together to honor the late Preo Johnson (former WMAT CHR Program Manager) and recognize and celebrate Ms. Hamilton. A **Recognition of CHR Years of Service** was shared among all the participants, each standing for their various years of service, with the final CHR standing at the 40+ year milestone!

Breakout Sessions

Following the luncheon ceremonies, there were two series of concurrent breakout sessions. Each session was one hour and fifteen minutes long, with time for lecture, activities and participant questions.

The first series session topics included the following:

- *Epidemiology for CHR*s (25 attendees)
- *Innovative Service Approach to Diabetes Care within our Community* (53 attendees)
- *STI/HIV/HCV- NA SISTER Program and Project Red Talon* (23 attendees).

The second series included:

- *Long Covid Training* (24 attendees);
- *CHR Emergency Preparedness during a Public Health Crisis* (57 attendees) Figure 6.
- *Contact Tracing, Disease Investigation, Infection Prevention Control and Risk Communication* (10 attendees)



Figure 6. J.T. Nashio, WMAT CHR Program Manager, delivering a breakout session on CHR involvement in Public Health Emergency Response



Figure 7. Irv Yellow, Hopi Tribe CHR, socializing with fellow CHRs

Networking

Breakout sessions were followed by time for networking – allowing participants to reconnect with colleagues who many had not seen since the last CHR Summit V in 2019. Figure 7.

Cultural Sharing Reception

The Cultural Sharing Reception in the evening provided continued opportunities for networking and learning about each other. The Hualapai CHR/CHW Team started off the night with a traditional ceremonial dance that celebrated their Tribal Heritage. Figure 8. The Hopi CHR Team was next with a social (ceremonial) dance. The Hualapai Team then asked everyone in the audience to participate in the Round Dance. The evening ended with multiple donated prizes being raffled to those in attendance.



Figure 8. Hualapai Tribe CHR/CHWs performing a traditional dance at the Cultural Sharing Reception

Plenary Sessions

Day three the Summit began with an early morning self-care yoga activity

led by Mallory Thomas from the Salt River Pima-Maricopa CHR Program. The final day consisted of a series of plenary sessions, starting with a reflection led by AACIHC staff. The first presentation, *Caregivers Support for Early Warning Signs of Dementia and Alzheimer's in Clients*, was given by a regional director of the Alzheimer's Association. The lecture sparked much discussion and ideas on how to work with individuals and families dealing with dementia.

The next session was focused on policy updates impacting the CHR workforce within Arizona. The first presentation focused on the recent Arizona Department of Health Services (ADHS) policy change that now allows CHRs/CHWs to voluntarily apply for certification in Arizona. The topic was presented via zoom link by Carin Watts, ADHS Health Disparities program manager. She described the process of obtaining CHW Certification, as well as the potential for Medicaid billing for CHR/CHW services through the Arizona Medicaid Program (AHCCCS).

Christina Peters from the Portland Area Indian Health Board then delivered a brief presentation describing the implementation of the *Community Health Aid Program (CHAP)* in their area and potential new directions for the program nationally. Ms. Peters described what they have done to promote and establish this program within their specific social and healthcare setting,

accounting for the distinct workforces within CHAP of Community Health Aides (CHAs), Behavioral Health Aides (BHAs) and Dental Health Aides (DHAs).

Closing

Michelle Archuleta, Loretta Haven, and Kim Russell finished out the CHR Summit VI with an overview of the national, state and local updates, policies and activities that will impact CHRs moving forward – many of them quite positive. Working cohesively and in a unified manner, Arizona CHRs will have the ability to increase sustainability through CHW Voluntary Certification, putting them in a position to bill Medicaid for the valuable community and individual services they provide.

Mary Miguel, CHR Supervisor from the Salt River Pima Maricopa Indian Community CHR Program, provided the Closing Blessing. The CHR Summit evaluation survey was shared throughout the event to collect feedback from participants, the results of which are summarized in the following section.



Figure 9. CHR Summit VI Participants at the Closing Session, November 4, 2022

EVALUATION RESULTS

Participant Demographics

A total of 101 attendees completed some or all of the Evaluation Survey administered during the CHR Summit VI event. Of these, 60 identified as a CHR, 10 as a CHR Manager or Supervisor, and 4 as a Tribal Health Department Director or Program Manager. Reported years of service ranged from less than one year to over 41 years for CHRs. Table 1.

Table 1. Participant Demographics

Role	Number (%) N=86	Years in Role, Mean (Range)
Community Health Representative (CHR)	60 (70%)	9.2 yrs (<1 – 41 yrs)
CHR Manager or Supervisor	10 (12%)	4.8 yrs (1 – 17 yrs)
Tribal Health Department Director or Program Manager	4 (5%)	6.4 yrs (0 – 13 yrs)
Other	12 (14%)	5.8 yrs (1 – 25 yrs)
<i>Other write-in responses include:</i>		
Community Health Worker	3	
Tribal Liaison	1	
TOTAL	86	



Figure 10. CHR Summit VI Attendees at a Plenary Session Presentation

There were 25 Tribes or Tribal organizations represented among the 110 total Summit participants, representing 10 states and eight IHS Service Areas. Table 2.

Table 2. Organizations or Tribes Represented at the CHR Summit VI

Organization or Tribe	State
Battle Mountain Band	NV
Cheyenne River Sioux Tribe CHR Program	SD
Community Health Worker Collaborative Of South Dakota (CHWSD)	SD
Confederated Tribes of Warm Springs	OR
Consolidated Tribal Health Project	CA
Gila River Health Care	AZ
Hopi Tribe CHR Program	AZ
Hualapai Tribe (CHR Program and Elder Services Program)	AZ
Indian Health Service – National Headquarters, Phoenix Area, Great Plains Area	-
Lake County Tribal Health Consortium	CA
Lovelock Paiute Tribe	NV
Native Americans for Community Action	AZ
Navajo Nation Department of Health, CHR/Outreach Program (Chinle, Kayenta, and Winslow Service Units)	AZ
Nimiipuu Health	ID
Port Gamble S’Klallam Tribe	WA
Pueblo of Acoma Health and Wellness Department	NM
Pueblo of Pojoaque CHR Diabetes Program	NM
Sac and Fox Tribe / Meskwaki Health Clinic	IA
Salt River Pima-Maricopa Indian Community	AZ
San Carlos Apache Tribe Chr	AZ
Shoshone Bannock Tribes	ID
Tohono O’odham Nation	AZ
White Earth Tribal Council	MN
White Mountain Apache Tribe	AZ
Yavapai-Apache Nation	AZ

Community Health Worker Voluntary Certification

Survey participants were asked about their plans related to Community Health Worker (CHW) Voluntary certification, which became available in Arizona on November 7, 2022. Survey responses indicate that the majority (79%) of those who qualify for CHW certification in Arizona are planning on applying – many of them within the next year. Table 3.



Figure 11. Kim Russell, AACIHC Director, Speaking about Policy Issues affecting the CHR Workforce

Table 3. Participant Plans to Apply for CHW Voluntary Certification in Arizona

Plans to Apply for Arizona CHW Voluntary Certification	Number (%)
No, not planning to apply	14/67 (21%)
Yes or maybe planning to apply	53/67 (79%)
Timeframe for applying for certification (Among those who answered yes or maybe)	
In the next 3 months	15/49 (31%)
In the next 6 months	8/49 (16%)
In the next year	18/49 (37%)
At some point in the future, not necessarily in the next year	3/49 (6%)
Other (no explanation given)	5/49 (10%)

Area IHS Office Support for CHR Programs

At the request of IHS Area and National Consultants, survey participants were also asked about how their Area IHS Offices support each of their programs related to a variety of service categories, including Evaluation, Professional Development, Data Handling, Communication, Budgets, and Advocacy. Respondents were asked to indicate whether their program received each type of service or if they would like to receive it. Table 4. Notably, the majority (>86%) of respondents said that they *would like to receive all of the listed services* from their area IHS Office.

Table 4. Area IHS Office Support for CHR Programs

	<i>Currently receive this service</i>		<i>Would like to receive this service</i>	
	Yes	No	Yes	No
<i>Evaluation & Feedback</i>	56%	44%	88%	12%
<i>Professional Development & Training</i>	63%	38%	92%	8%
<i>Data Entry Training & Feedback</i>	64%	37%	92%	8%
<i>Consistent Communication & Meetings</i>	60%	40%	92%	9%
<i>Budget Support & Negotiation</i>	54%	46%	90%	10%
<i>Advocacy & Policy Support</i>	62%	38%	86%	14%
<i>Other</i>	58%	42%	67%	33%

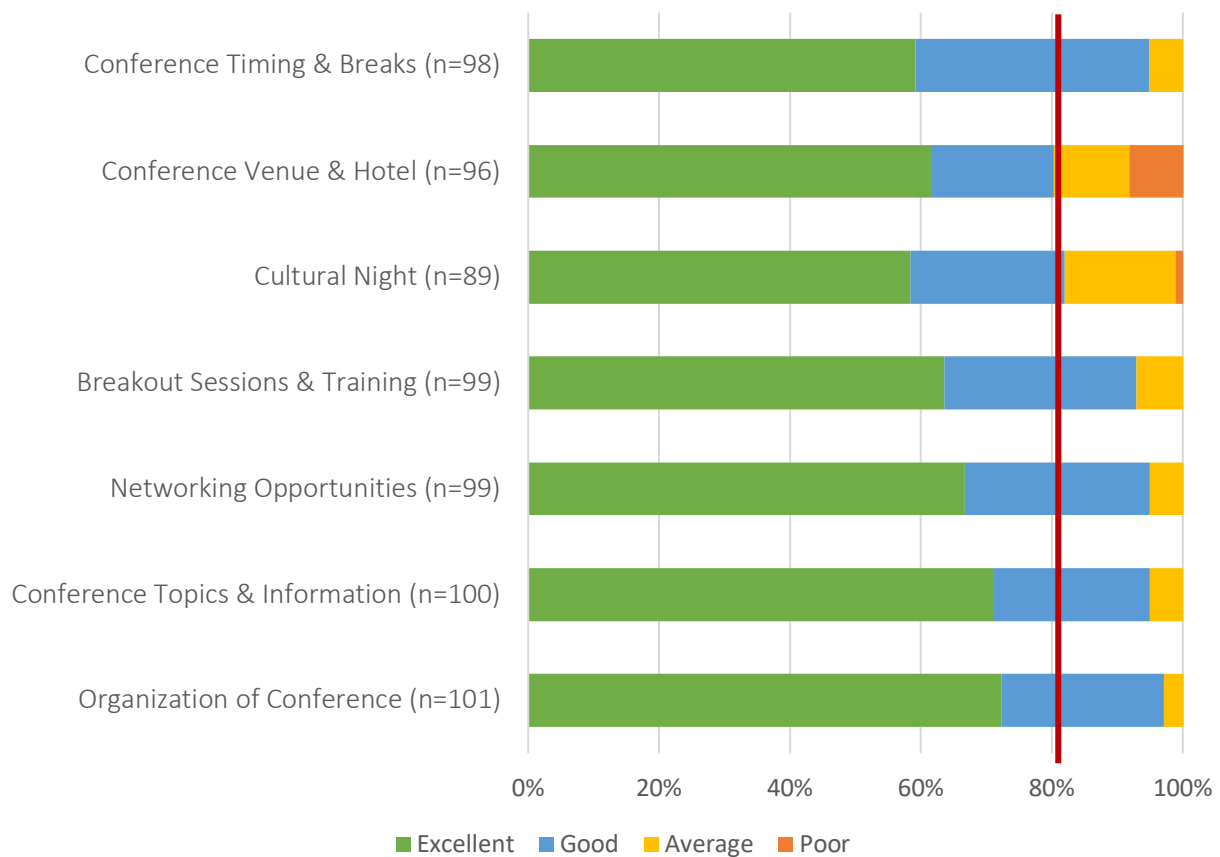


Figure 12. Cdr. Loretta Haven, IHS Phoenix Area PHN/CHR Consultant and Dr. Tommy Begay

Overall Satisfaction

Participants were asked to rate their level of satisfaction with various elements of the conference as a whole, including Organization, Topics, Networking Opportunities, Breakout sessions, Cultural Night, Venue/Hotel, and Timing & Breaks. Survey participants had the option of rating any or all elements, so the total N varies by question. All conference elements received a rating of Excellent or Good from at least 80% of respondents. Figure 1.

Figure 13. Overall Summit Satisfaction



Session Attendance and Perceived Impact on Topic Knowledge, Confidence and Ability

Survey participants were asked to indicate which sessions they attended among three categories: Pre-conference sessions, General Sessions, and COVID-related sessions. Total session attendance was recorded through sign-in sheets and those totals are included for reference. Tables 5, 7, and 9. Asked to consider each session category as a whole, participants then rated how they felt the training they received increased their knowledge about the topic, their confidence to teach the topic to others, and their ability to apply the information learned in their work. Tables 6, 8, and 10.

Pre-Conference

The majority of respondents (>77%) said that attending Pre-Conference sessions resulted in “much better” knowledge and ability to apply the subject matter, and more than half (61%) indicated that their confidence to teach the topic was “much better.” Table 6.

Table 5. Attendance for Pre-conference Sessions, Surveyed and Total

Session	Number Attending (Surveyed)	Number Attending (Total)
RPMS Patient Care Component Documentation Training	47	55
CHRs Roles in Advancing Health and Racial Equity	31	34
CHR Roundtable Discussion on Current Issues	14	13
Manager Training for Conflict Resolution, Emotional Intelligence and Communication Skills	7	11

Table 6. Perception of Pre-Conference Sessions, Combined (N=95)

Question	Response Number (%)		
	Much better	Somewhat better	About the same
<i>My <u>knowledge</u> about these topics is...</i>	79 (78%)	13 (14%)	4 (4%)
<i>My <u>confidence to teach</u> these topics to others is...</i>	58 (61%)	34 (36%)	3 (3%)
<i>My <u>ability to apply</u> what I learned about these topics in my work is...</i>	73 (77%)	18 (19%)	4 (4%)

General Sessions

Survey participants rated the general sessions highly, with over 70% indicating that their knowledge, confidence to teach, and ability to apply the session information was “much better” after attending. Table 8.

Table 7. Attendance for General Sessions, Surveyed and Total

Session	Number Attending (Surveyed)	Number Attending (Total)
Sacred Wisdom: A Path to Healing from The Devastating Legacy of American Indian Historical Trauma	24	Plenary session
Innovative Service Approach to Diabetes Care Within Our Community	41	53
STI/HIV/HCV – “NA Sister” Program	24	23
Caregivers Support for Early Warning Signs of Dementia and Alzheimer’s Clients	18	Plenary session

Table 8. Perception of General Sessions, Combined

Question	Response Number (%)		
	Much better	Somewhat better	About the same
<i>My <u>knowledge</u> about these topics is...</i>	65 (70%)	20 (22%)	8 (9%)
<i>My <u>confidence to teach</u> these topics to others is...</i>	66 (72%)	20 (22%)	6 (7%)
<i>My <u>ability to apply</u> what I learned about these topics in my work is...</i>	66 (75%)	14 (16%)	6 (7%)

Covid-Related Sessions

Survey participants also rated the COVID-related sessions highly, with over 60% indicating that their knowledge, confidence to teach, and ability to apply the session information was “much better” after attending. However, of all the session categories, COVID-related ones received the lowest ratings in terms of degree of change in knowledge, confidence and ability – perhaps because CHRs have attended a great deal of training related to COVID over the past two years, leaving less room for improvement compared with novel topic areas. Table 10.

Table 9. Attendance for COVID-Related Sessions, Surveyed and Total

Session	Number Attending (Surveyed)	Number Attending (Total)
Epidemiology For CHRs	21	25
Long Covid Training	23	24
CHR Emergency Preparedness During a Public Health Crisis	49	57
Contact Tracing, Disease Investigation, Infection Prevention Control and Risk Communication	12	10

Table 10. Perception of COVID-Related Sessions, Combined

Question	Response Number (%)		
	Much better	Somewhat better	About the same
<i>My <u>knowledge</u> about these topics is...</i>	62 (68%)	18 (20%)	11 (12%)
<i>My <u>confidence to teach</u> these topics to others is...</i>	60 (67%)	20 (23%)	9 (10%)
<i>My <u>ability to apply</u> what I learned about these topics in my work is...</i>	62 (71%)	16 (18%)	9 (10%)

Best Sessions

Survey respondents were asked to write in which session they found most helpful or interesting from the Summit and provide a brief explanation. Responses were grouped by session, tallied and represented from greatest to least below. In response to this question, many participants simply listed a session title, but a few offered further explanation; relevant comments are included in italics. Table 11. The most highly rated session was the CHR PCC Training given by Pam Aguilar. Figure 14.

Table 11. Most Interesting or Helpful Session (N=78)

Session Title	#
CHR PCC Training with Pam Aguilar <ul style="list-style-type: none"> • <i>Patient Care Component training was really helpful, since I am a brand new CHR and I haven't had much training on that area. A lot of helpful information.</i> • <i>Patient Care Component Training. A lot of useful information to take back with me and put it use. Very helpful information.</i> • <i>The PCC – I use them daily and understand it better.</i> • <i>PCC, because it helped me understand documentation & input</i> • <i>PCC – I personally was having a hard time with codes</i> • <i>The PCC training. I now have a better knowledge of the proper way to complete this form</i> • <i>The PCC, I needed the refresher and learned something new.</i> • <i>The PCC, because I need to start entering data.</i> 	17
SRP-MIC: Innovative Approach to Diabetes Care <ul style="list-style-type: none"> • <i>I loved Salt River Pima Maricopa's talk on diabetes</i> 	16
All / General <ul style="list-style-type: none"> • <i>All information was excellent, good information</i> • <i>All sessions were helpful</i> • <i>Hearing all the personal experiences. You gain insight on how to steer a conversation or make the experiences to gain knowledge and support.</i> • <i>Seeing what other tribes are doing and how they are organized.</i> 	14
Sacred Wisdom <ul style="list-style-type: none"> • <i>Sacred Wisdom: to help me understand more about why people have certain behaviors (repetitive)</i> • <i>Sacred Wisdom/ long COVID/CHR Roles because I can apply it to my job/everyday life</i> 	9

<ul style="list-style-type: none"> • <i>Sacred Wisdom by Dr. Tommy Begay. It was so interesting. Very informative and helpful.</i> 	
Advancing Health and Racial Equity	5
STI/HIV <ul style="list-style-type: none"> • <i>STI/HIV sessions. It helped me better understand the process of these infections.</i> • <i>The HIV class was amazing I feel like those are things we do not talk about enough within our community.</i> 	4
Alzheimer's and dementia <ul style="list-style-type: none"> • <i>Caregiver Support for Elderly Warning Signs. It was very interesting learning about the signs and symptoms and how it affects individuals different. Different stages of Alzheimer's.</i> 	3
Round Table <ul style="list-style-type: none"> • <i>I liked the round table discussion, a lot of things were discussed, but was limited to only the questions that was presented. I wish it was more of an open discussion.</i> • <i>Round table discussion. Lots of good ideas and dialogue</i> 	2
Long COVID	2
Manager Training- conflict resolution	2
Epidemiology	1
White Mountain Apache Tribe Emergency Response	1
Awards Luncheon	1



Figure 14. CHR PCC Training Session, Pamela Aguilar, IHS Trainer (Photo Credit: L. O'Meara)

Suggested Topics

In a follow up question, survey participants were asked what topics they would like to see covered at the next CHR Summit. The 67 write-in responses to this question touched on a wide variety of issues ranging from health conditions such as Diabetes and Alzheimer’s, to professional development and self-care. Suggestions are grouped by major category, tallied, and listed in order of prevalence – with selected responses paraphrased or quoted below each if applicable. Table 12. It should be noted that many of the suggested training topics fall outside the standard CHR scope of practice, indicating that participating CHRs are interested in more advanced or specialized trainings.

Table 12. Suggested Topics for Future CHR Summit Sessions

Topic Area	#
Diabetes <ul style="list-style-type: none"> • Management and care coordination • More about common diagnosis we deal with, especially diabetes • Foot care 	8
All / Anything in the CHR Scope of Practice <ul style="list-style-type: none"> • <i>More CHR duties and the service we can provide</i> • <i>Open to any new learning opportunities</i> 	7
Self-Care <ul style="list-style-type: none"> • Emotional care • <i>Taking care of ourselves</i> 	7
PCC / RPMS / EHR <ul style="list-style-type: none"> • RPMS Charting and Coding tips • Hands on activity entering PCC • PCC policies 	6
Alzheimer’s <ul style="list-style-type: none"> • <i>More on Alzheimer’s because we work with a lot of elderly clients</i> • Include Parkinson’s Disease and dementia • Focus on American Indian / Alaskan Native 	5
Community Outreach / Engagement <ul style="list-style-type: none"> • More on Community Assessment • More ways to provide group activities / classes 	4
Professional Development <ul style="list-style-type: none"> • <i>CHR opportunities for growth</i> • <i>Promoting from within</i> • Motivational Interviewing skills training • Leadership skills training • Public speaking • Empathy Training, building trust with patients 	5

Cancer	3
COVID / Long COVID	3
Dialysis	2
Cultural Sensitivity	2
<ul style="list-style-type: none"> • Cultural-based services 	
Case studies	2
<ul style="list-style-type: none"> • <i>Tribal CHW/R programs should share personal stories of what they do within their communities to give other CHW/R programs an idea.</i> 	
Methamphetamines	2
Blood Pressure Screening	2
Other Session Topics <ul style="list-style-type: none"> • Chronic Health issues • Epidemiology • Public Health Crisis • Family Spirit Training • Focus on Youth / Young Adult • Hospice / Palliative Care • Medicaid reimbursement updates • More on Patient Centered Medical Homes • Asthma / COPD • Arthritis • Rocky Mountain Spotted Fever • Obesity • Tobacco • Suicide • Blood glucose education • Ways that the CHR can educate patients on proper use of Durable Medical Equipment (DME) • <i>More tribes and ideas</i> • <i>More on practical experiences in home visits</i> • <i>Strategies for engaging and integrating with health care teams</i> • <i>There should be a round table talk asking questions that is directly to the AACIHC Director, PHN/CHR Consultant, IHS Public Health Advisor. This gives the CHRs to express their own concerns about CHR programs and how they can help their Native American communities.</i> 	1 vote each
Miscellaneous suggestions: <ul style="list-style-type: none"> • Repeat topics in at least 2 sessions (1) • More health topics / activities (2) <p style="text-align: center;">Provide the complete presentations for Dr. Begay and Dr. Tso</p>	

Summit Improvements

Survey respondents were also asked what suggestions they had for improving future CHR Summits. Suggestions fell into four main categories: Location/venue, Sessions, Perks, and Networking. Participant suggestions are paraphrased and organized by category below, with the number of people supporting each indicated in parentheses when greater than one. Table 13. It should be noted that 26 individuals wrote that they had no suggestions for improvements, and 33 skipped the question entirely.

Table 13. Suggestions for Improving Future CHR Summits

Location / Venue	Sessions
<ul style="list-style-type: none"> • Ensure sufficient rooms are available at the venue hotel, especially for late bookings (5) • Hold at a location with easy access to dining, attractions, shopping (4) • Have a shuttle available from nearby hotels, if insufficient rooms at venue hotel (2) • Hold at a location where people can easily gather after the sessions • Hold the Summit in Arizona (2) • Ensure a comfortable temperature in the venue (too cold) (3) 	<ul style="list-style-type: none"> • Provide more time for presenters • Have more sessions/options (2) • Offer repeated sessions • Have longer sessions to be able to cover more information • Cover more about blood pressure and blood sugar
Perks	Networking
<ul style="list-style-type: none"> • Have a massage therapist on site to provide massages for CHRs (2) • Give awards to everyone acknowledging years of service • Recognize all CHR programs for their important work during the pandemic • Increase the length of self-care breaks • Have more food available • Have more vendors 	<ul style="list-style-type: none"> • Introduce each CHR Program / group • Invite more CHR Programs • More icebreaker group activities • More networking opportunities • More movement • All tribes participate in Cultural Night • Round table discussion for CHR Directors to exchange significant projects or policy developments

Suggested Locations

Participants were also asked where in Arizona they thought the next CHR Summit should be held. Of the 71 suggestions provided, the location with the most votes (33) was the Phoenix Metro area. Table 14.

Table 14. Suggestions for Location of Future CHR Summit

Location	#
Phoenix Metro area , including: <ul style="list-style-type: none"> • Talking Stick Casino (4) • Wild Horse Pass (4) • Scottsdale (3) • Mesa, GRIC, Ak-Chin, Chandler, San Tan (1 each) 	33
Sedona	8
Flagstaff / Twin Arrows	4
Tucson / Desert Diamond Casino	4
White Mountain Apache Tribe / Hondah Casino	2
Somewhere central, to reduce travel	1
Payson, Prescott, Lake Havasu, Window Rock	1 (each)
Out of state , including <ul style="list-style-type: none"> • California, Bemidji, Las Vegas, Hawaii, San Diego, Seattle, Utah 	14

Other Thoughts

Survey participants were given an opportunity at the end of the survey to write in any last thoughts or suggestions they had regarding the Summit. Of the 28 responses in this section (grouped and paraphrased or quoted below) most were positive, thanking the organizers and highlighting how much they enjoyed the event. Table 15. Comments submitted here that could be categorized generally as “suggestions for improvement” were included in Table 13.

Table 15. Final Participant Thoughts and Comments

Positive Comments
<ul style="list-style-type: none"> • <i>Well done. Very upbeat. Great opportunity to network with other tribes. Great to see some old friends. Thank you.</i> • <i>This was a very informative Summit. My confidence levels to go out and educate have improved tremendously. Thank you and keep these Summits engaging and fun.</i> • <i>There was a lot of good information during the Summit.</i> • <i>Thank you. Great Info.</i> • <i>Thank you for the opportunity and knowledge</i> • <i>Thank you for inviting CHR to this Summit</i>

- *Really enjoyed the program*
- *Overall good conference*
- *It is too early to give my thoughts away. I had a lot of fun and met new people*
- *I really enjoyed my time at the summit. I plan to attend more and to gain more knowledge, take it back with me and use it or help others with what I learned here. I do appreciate it. Thank you.*
- *I am leaving feeling motivated for myself and my team. I didn't realize how much access I had to support from other CHR advocates and leadership. Thank you!*
- *Had a great experience learning about being a real CHR. It's not just transportation, would like more in person training*
- *Great summit! Thank you! Learned a lot and enjoyed the sessions*
- *Great job all around. Beautiful location and summit.*
- *Great Conference and lots of great presenters.*
- *Excellent work!*
- *I really did enjoy Tommy [Begay's] presentation.*

Suggestions

- *It would have been interesting to see what and where CSU (Chinle service unit) status was at and know what areas we needed to see or increase in, since this was set up by Arizona.*

Hotel Service

- *The hotel did not take care of our rooms. Housekeeping did not show up, we had to ask for things every time.*
- *Room was not clean, walls were thin, room was very cold*
- *I was not happy with the hotel as far as service it was very poor.*

APPENDIX A. CHR SUMMIT VI AGENDA

Complete Summit VI Agenda is included in the following pages.

CHR SUMMIT VI



**BUILDING
HEALTHIER
COMMUNITIES**
through
**INTEGRATION,
BEST PRACTICES,
ADVOCACY and
CULTURE**

ARROWHEAD SPONSORS



ARIZONA DEPARTMENT
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Center for Health
Equity Research



A CATALYST FOR COMMUNITY HEALTH



Governor's Advisory
Council on Aging



Desert Southwest Chapter



WEDNESDAY 11/02/22

11:00 am - 6:30 pm	Conference Registration Opens	FGH Foyer
Pre-conference Breakout Sessions (4 Separate Break Out Sessions)		
1:00 pm - 5:00 pm	Patient Care Component Training Pamela Aguilar, Indian Health Services Trainer	Casablanca Ballroom F
1:00 pm - 5:00 pm	CHRs Roles in Advancing Health and Racial Equity Julie Smithwick and Greg Green, Center for Community Health Alignment	Casablanca Ballroom H
1:00 pm - 5:00 pm	CHR Roundtable Discussion Kim Russell, Director, Arizona Advisory Council on Indian Health Care, Michelle Archuleta, IHS Public Health Advisor, CHR Consultant	Lotus Court
1:00 pm - 5:00 pm	Manager Training for Conflict Resolution/Skill Development/ Emotional Intelligence Mark Curry	Casablanca Ballroom G

BUILDING HEALTHIER COMMUNITIES
through
INTEGRATION, BEST PRACTICES,
ADVOCACY and CULTURE



CHR SUMMIT VI

THURSDAY 11/03/22

6:30am - 9:00am	Conference Registration	FGH Foyer
6:45am - 8:15am	Breakfast Buffet	Baraka Ballroom
8:00am - 8:15am	Opening Blessing & Land Acknowledgement Kim Russell, AACIHC Director	Casablanca Ballroom
8:15am - 8:45am	Welcoming Remarks, Background & Overview of Summit Kim Russell, Director, Arizona Advisory Council on Indian Health Care	Casablanca Ballroom
8:45am - 9:00am	Ice Breaker	Casablanca Ballroom
9:00am - 9:10am	Recognition of Planning Committee & Summit Sponsors Loretta Haven, PHN/CHR Consultant at IHS Phoenix Area Office	Casablanca Ballroom
9:10am - 10:15am	Keynote Address Michelle Archuleta, MS, MA, IHS Public Health Advisor, CHR Consultant	Casablanca Ballroom
10:15am - 10:30am	Self-Care Break	
10:30am - 11:45am	Sacred Wisdom: A Path to Healing from the Devastating Legacy of American Indian Historical Trauma Tommy Begay, PhD, MPH, Dept. of Psychology, College of Medicine, University of Arizona	Casablanca Ballroom
11:45am - 1:00pm	Lunch Buffet	Casablanca Ballroom Foyer
12:00pm - 12:45pm	HR Recognition & Awards Luncheon Presented by Michelle Archuleta and Loretta Haven <ul style="list-style-type: none">• Preeo Johnson Leadership Award• Outstanding CHR of the Year• Outstanding CHR Tribal Program of the Year• Recognition of Years of Service• Center for Disease Control Community Health Workers for Covid Response and Resilient Communities (CDC-CCR) Grant Acknowledgement	Casablanca Ballroom
12:45pm - 1:15pm	Self-Care Break	





THURSDAY 11/03/22

Concurrent Breakout Sessions

1:15pm - 2:30pm	Epidemiology for CHRs Keye Garman, AACIHC Epidemiologist	Casablanca Ballroom
1:15pm - 2:30pm	Innovative Service Approach to Diabetes Care within our Community Salt River Pima - Maricopa Indian Community CHR Team	Casablanca Ballroom F
1:15pm - 2:30pm	STI/HIV/HCV- "NA SISTER" Program Felicia Mata, Hopi CHR & Elyse Monroe, NACA CHR - Alida Montiel, Kelly Vallo and Gwenda Gorman, Project Red Talon, Inter-Tribal Council of Arizona	Casablanca Ballroom G
2:30pm - 2:45pm	Self-Care Break	

Concurrent Breakout Sessions

2:45pm - 4:00pm	Long COVID Training Alison Lovell, Grants Manager, AACIHC Health Disparities Team	Casablanca Ballroom F
2:45pm - 4:00pm	CHR Emergency Preparedness during Public Health Crisis JT Nashio and the White Mountain Apache CHR Team	Casablanca Ballroom
2:45pm - 4:00pm	Contact Tracing, Disease Investigation, Infection Prevention Control and Risk Communication Susan Cieslicki, Public Health Nurse, Peach Springs	Casablanca Ballroom G
4:00pm - 6:00pm	Time on your own	
6:00pm - 7:30pm	Cultural Sharing Night Reception (Light Refreshments / no dinner provided)	Baraka Ballroom



CHR SUMMIT VI

FRIDAY 11/04/22

7:00am - 7:30am	Self Care Activity - Mallory Thomas	TBD
6:45am - 8:15am	Breakfast Buffet	Baraka Ballroom
8:00am - 8:15am	Welcome & Recap of Day One of Summit	Casablanca Ballroom
8:15am - 9:30am	Caregivers Support for Early Warning Signs of Dementia and Alzheimer's Clients - Kinsey McManus, Programs Director, Alzheimer's Association, Desert Southwest Chapter	Casablanca Ballroom
9:30 am - 10:00am	Self-Care Break	
10:00 am - 11:15am	Policy Updates Impacting the CHR/CHW Workforce <ul style="list-style-type: none">• Arizona CHW Voluntary Certification/Medicaid Reimbursement - Carin Watts - Health Disparities Program Manager, ADHS and Ruben Soliz - AHCCCCS• Community Health Aid Program (CHAP) Update - Christina Peters, Tribal Community Health Provider Project Director, Northwest Portland Area Indian Health Board• National/State Updates - Michelle Archuleta - Loretta Haven - Kim Russell	Casablanca Ballroom
11:30am - 12:00pm	Group Photo - Networking Conference Adjourn	Lotus Court

Please remember to turn in your CHR Summit Program Evaluation.
SAFE TRAVELS HOME!



CHR SUMMIT TRIBAL ORGANIZATION REPRESENTATION

- Chemehuevi Indian tribe
- Salt River Pima Maricopa Indian Community
- Yavapai-Apache Nation
- Kaibab Band of Paiute Indians
- IHS-Phoenix Area Office
- San Carlos Apache Tribe
- Hualapai Tribe
- Colorado River Indian Tribe
- Battle Mountain Band
- Mescalero CHR Program
- Tohono O'odham Nation
- Indian Health Service
- NACA Urban Indian Health Center
- Lake County Tribal Health Consortium
- Shoshone-Bannock Tribes
- Adelante Mujeres
- White Mountain Apache tribe
- CRST CHR Program
- Port Gamble S'Klallam Tribe
- Lake County Tribal Health Consortium
- Gila River Health Care
- Fort Sill Apache Tribe
- Pueblo of Acoma
- Southern Indian Health Council
- Pueblo of Pojoaque
- White Earth Tribal Council
- Collaborative of South Dakota (CHWSD)
- Yavapai-Prescott Indian Tribe
- Hopi CHR Program
- Sac and Fox Tribe
- Consolidated Tribal Health
- Nimiipuu Health
- Navajo Nation (Window Rock Service unit)
- Navajo Nation (Chinle Serice Unit)

CHR SUMMIT PLANNING COMMITTEE

- **Adrienne James**
Salt River Pima - Maricopa Indian Community
- **Corey Hemstreet**
AZ Department of Health Services Tribal Liaison
- **Felicia Mata**
Hopi Tribe
- **Jeff Axtell**
AACIHC - CDC-CCR Program
- **Joyce Hamilton**
Hopi Tribe
- **Janet Yellowhair**
NAU - Center for Health Equity Research
- **JT Nashio**
White Mountain Apache Tribe
- **Loretta Haven**
Indian Health Service - Phoenix Area Office
- **Louisa O'Meara**
NAU - Center for Health Equity Research
- **Selena Holgate**
Native Americans for Community Action
- **Tara McBroom**
White Mountain Apache Tribe
- **Bella Denton**
AACIHC - CDC-CCR Program
- **Shealee Gartner**
AACIHC - CDC-CCR Program
- **Mallory Thomas**
Salt River Pima - Maricopa Indian Community
- **Brook Bender**
Hualapai Tribe
- **Elyse Monroe**
Native Americans for Community Action
- **Ashley Lazaro**
AACIHC - CDC-CCR Program
- **Kim Russell**
AACIHC Executive Director
- **Dave Ryder**
Veer Consulting
- **Mary Miguel**
Salt River Pima - Maricopa Indian Community





CHR SUMMIT VI

The CHR Summit VI is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,922,300.00, with 100 percent funded by CDC/HHS. The contents are those of the presenters and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

APPENDIX B. CHR SUMMIT VI EVALUATION SURVEY

CHR Summit VI Evaluation Survey

November 2 - 4, 2022
Henderson, Nevada

I. Conference Satisfaction and Planning

1. 2022 CHR Policy Summit & Conference - Please rate your **overall satisfaction**

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>Terrible</i>
<i>Organization of Conference</i>					
<i>Conference Topics & Information</i>					
<i>Networking Opportunities</i>					
<i>Breakout Sessions & Training</i>					
<i>Cultural Night</i>					
<i>Conference Venue & Hotel</i>					
<i>Conference Timing & Breaks</i>					

2. Which of the following **pre-conference sessions** did you attend? Please check **all that apply**.

- Patient Care Component Training CHR Roundtable Discussion
 CHRs' Roles in Advancing Health and Racial Equity Manager Training for Conflict Resolution

3. Thinking about any **pre-conference sessions** you attended, please complete the following statements.

	<i>Much better</i>	<i>Somewhat better</i>	<i>About the same</i>
<i>My knowledge about these topics is...</i>			
<i>My confidence to teach these topics to others is...</i>			
<i>My ability to apply what I learned about these topics in my work is...</i>			

4. Which of the following **COVID-19 focused sessions** did you attend? Please check **all that apply**.

- Epidemiology for CHRs CHR Emergency Preparedness during Public Health Crisis
 Long COVID Training Contact Tracing, Disease Investigation, Infection Prevention Control and Risk Communication

5. Thinking about any **COVID-19 focused sessions** you attended at this conference, please complete the following statements.

	<i>Much better</i>	<i>Somewhat better</i>	<i>About the same</i>
<i>My knowledge about these topics is...</i>			
<i>My confidence to teach these topics to others is...</i>			
<i>My ability to apply what I learned about these topics in my work is...</i>			

6. Which of the following **general sessions** did you attend? Please check **all that apply**.

- STI/HIV/HCV – “NA SISTER” Program Caregivers Support for Early Warning Signs of Dementia and Alzheimer’s Clients
 Innovative Service Approach to Diabetes Care within our Community Sacred Wisdom: A Path to Healing from the Devastating Legacy of American Indian Historical Trauma

7. Thinking about any **general** sessions you attended at this conference, please complete the following statements.

	<i>Much better</i>	<i>Somewhat better</i>	<i>About the same</i>
<i>My knowledge about these topics is...</i>			
<i>My confidence to teach these topics to others is...</i>			
<i>My ability to apply what I learned about these topics in my work is...</i>			

8. Overall, what session/s did you find the most helpful/interesting and why?

9. What topics would you like to see at the next conference?

10. What advice do you have to make our CHR Policy Summit better next year?

11. Where in Arizona do you recommend the 2023 CHR Policy Summit be hosted next year?

II. CHR Workforce Information | *To strengthen the CHR Workforce we would like to know more about you.*

12. I am currently employed as a:

- Community Health Representative (CHR)
- CHR Manager or Supervisor
- Tribal Health Department Director or Program Manager
- Other _____

13. How many years have you been in this position? _____

14. Which organization or CHR Program do you work for? _____

15. Are you planning to apply for Arizona Community Health Worker (CHW) Voluntary Certification?

- Yes Maybe
- No Not applicable

16. If yes, how soon do you plan to apply?

- In the next 3 months In the next year
 - In the next 6 months Other (Please explain)
- _____

17. If you are from a state other than Arizona, are you...? (Please choose one of the following)

- I am already certified as a CHW in my state
- I plan on becoming certified as a CHW in my state
- I do not plan on becoming certified as a CHW in my state
- CHW Certification is not available in my state

III. Relationship with Indian Health Service - Area Office

Please let us know how you currently and would like to receive support from the Area Office.

18. How does your Indian Health Service - Area Office support your Tribe's CHR Program?

	<i>Currently receive this service</i>		<i>Would like to receive this service</i>	
	Yes	No	Yes	No
<i>Evaluation & Feedback</i>				
<i>Professional Development & Training</i>				
<i>Data Entry Training & Feedback</i>				
<i>Consistent Communication & Meetings</i>				
<i>Budget Support & Negotiation</i>				
<i>Advocacy & Policy Support</i>				
<i>Other</i>				

Thank you for completing this conference evaluation! Please return completed survey to the NAU Information Table to receive your raffle ticket!

Results of this survey will be shared in the Annual CHR Policy Summit Report.

Please feel free to share any other thoughts you may have.