

# CHR Movement Meeting

Friday, December 11, 2015 | 10:00 am to 12:00 pm  
150 North 18<sup>th</sup> Avenue, Phoenix, AZ 85007  
Conference Room 325 B - 3<sup>rd</sup> floor

---

Call-in Number: 1-877-820-7831 | Passcode: 960711

**Reminder: Please mute your phones.  
Do not place your phone on hold.**

# Agenda

I. Welcome and Introductions

II. Exciting Advances - CHR Movement!

- A. Release and Discussion of the CHR Policy Summit Report
- B. AHCCCS Section 1115 Waiver and CHRs!
- C. CHR Advocacy Plan

III. Announcements/Updates

- A. Advancements on CHW Voluntary Certification
- B. Meeting with Arizona Health Plans and Senator Bradley

IV. Next Steps

V. Adjourn



# Welcome and Introductions

...



# Exciting Advances in the CHR Movement !

...

# CHR Policy Summit Report



Samantha Sabo DrPH, MPH  
Zuckerman College of Public Health  
University of Arizona

# Release of CHR Policy Summit Report !

## Report Includes :

- Background and impetus for the CHR Policy Summit;
- A description of the proceedings of the Policy Summit;
- Results from the CHR Workforce Sustainability Roundtable Discussion which were conducted during the Policy Summit;
- The Results from the Community Health Representative Workforce Assessment; and
- Conclusion and Next Steps

COMMUNITY HEALTH REPRESENTATIVE

## Policy Summit Report



**Community Health Representative Policy Summit: Certification,  
Reimbursement and Sustainability for Healthy Communities**

September 1, 2015  
Flagstaff, Arizona

# CHR Policy Summit Recommendations

CHR programs identified the following priorities for advancing and sustaining the CHR workforce:

1. **Inform Tribal Stakeholders** about CHR Voluntary Certification and how it further elevates the CHR profession.
2. **Inform tribal health care systems about potential Medicaid reimbursement of CHR Services** and how the Section 1115 Waiver may provide for this opportunity as well as the cost savings incurred when CHRs are included as a member of the health care team.
3. **Create awareness among CHR stakeholders about the role and impact of CHRs** on the social determinants of health and wellbeing, especially the positive health outcomes.

# CHR Policy Summit Recommendations

CHR programs identified the following priorities for advancing and sustaining the CHR workforce:

**4. Inform tribal health care systems how leveraging and expanding the role of CHRs within existing programs** such as; oral health, behavioral health, Women Infants and Children (WIC) and the Special Diabetes Programs and elder care, can further be incorporated.

**5. Identify and secure funding to provide consistent meetings among the 22 CHR programs** to continue dialogue and progress on CHR priorities and issues to include certification and reimbursement.



# CHR Report Discussion

- Ideas related to the recommendations ?
- Did we miss any big ideas or important take home messages from the Policy Summit ?

# CHR Report Discussion

Tribal governance was considered vital to advancing the CHR workforce through tribal resolutions that outline mechanisms to strengthen, integrate, leverage and expand the CHR workforce to improve health outcomes among American Indian communities of Arizona.

- Who shall we share the report with ?
- What are the best ways to share this report ?



# AHCCCS

## Section 1115 Waiver



Kim Russell, Executive Director  
Arizona Advisory Council on Indian Health Care

# AHCCCS 1115 Waiver

- Overview of 1115 Demonstration Project
- What is an “American Indian Medical Home” model
- Opportunities for CHRs
- Discussions with AHCCCS

# Overview:

## Section 1115 Waiver

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs
- Source: Medicaid.gov. (n.d). *About Section 1115 Demonstrations*. Retrieved from <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/section-1115-demonstrations.html>

# Overview:

## Section 1115 Waiver

- The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as:
  - Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible;
  - Providing services not typically covered by Medicaid; or
  - Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

# Arizona's Waiver

- Submitted to Center for Medicare and Medicaid Services on September 30, 2015
- Includes Part V: American Indian Medical Home
- <http://www.azahcccs.gov/shared/FiveYear.aspx>
- **Potential** Opportunity for:
  - CHR integration into medical home model and
  - Reimbursement of CHR preventative services
- Workgroup established by AHCCCS to develop further details regarding the proposal for the American Indian Medical Home, including oversight and implementation processes.

# CHR Movement Advocacy Plan



Jamie Wilson, MPH, DrPH Student; Jennifer Richards MPH,  
DrPH Student; Heather Dreifuss, MPH, DrPH Student and  
Mariela Jaramillo, MPH Student

# CHR Recognition in AHCCCS Indian Health Medical Home Program

Jennifer Richards, Heather  
Dreifuss, Jamie Wilson, Mariela  
Jaramillo

# Background Information

## Who are CHRs?

- Trusted, community-based paraprofessionals
- IHS since 1968
- Intermediaries

## What do they do?

- Health education
- Screening
- Health care counseling
- Advocacy
- Transportation
- Translation services
- Elder care
- Community-based outreach

## Why are they needed?

- All health disparities
- Rural health provider shortage
- Patient-centered care
- Culturally knowledgeable



# Framing the Issue

- CHR program has historically been administered from the top down
  - Federal Indian Health Services (IHS) → Tribal health facilities
- Concerns with this structure
  - Stagnant funding
  - No CHR workforce expansion
- Changing landscape
  - Tribally operated “638” facilities
- Possible solution
  - State (AHCCCS) recognition of CHRs for federal Medicaid reimbursement



# Kingdon's 3 Streams: Problem Stream

## Lack of CHR workforce advancement

### Indicators

- CHR personal stories
- Lack of standardized training
- Lack of formal certification
- Stagnant salaries

### Feedback

- **CHR Policy Summit\***
- **CHR listening sessions\***

### Budget constraints

- **Recent funding cut in CHR budget**
- Lack of flexibility with federal IHS funding
- Competing tribal interest

# Kingdon's 3 Streams: Policy Stream

## Ideas for Solutions

### *Investing/Expanding/Empowering CHRs*

- Professional local and intertribal CHR Association
- Annual Conference
- Emphasis on health system cost savings
- Time allotted for collaborative problem solving at meetings and peer feedback (reflective practice)
- Self Care
- Building an educational pipeline for community members (building capacity)
- Opportunities for academic enrichment
- Online Certificate in Public Health
- Policy ideas\*
  - **Tribal resolution for CHR reimbursement**
  - **Standardized CHR certification**
  - **Tribal and state recognition of CHR association**

# Kingdon's 3 Streams: Political Stream

## Political Context

### Public mood

- Community acceptance- CHRs are valuable & vital to the community
- Largely unknown outside of HIS
- Glendale casino dispute

### Organized political forces – Indian Health Services, 638

Corporations, Inter Tribal Council of Arizona, AHCCCS

### Ideologies of Congress –

- Historically, democratic Congress more supportive of IHS federal funding
- **1115 waiver - extend uncompensated care payments to IHS, 638 Tribal facilities – CMS approved waiver request in 2014**

## Problem Stream

Lack of CHR workforce advancement

### Indicators

- CHR personal stories
- Increasing health disparities addressed by CHRs (diabetes, HIV, substance abuse)
- Lack of standardized training
- Lack of formal certification
- Stagnant salaries

### Feedback

- **CHR Policy Summit\***
- **CHR listening sessions\***

### Budget constraints

- **Recent funding cut in CHR budget**
- Lack of flexibility with federal IHS funding
- Competing tribal interest

## Policy Stream

Ideas for Solutions

- Investing/Expanding/Empowering CHRs
  - Professional local and Intertribal CHR Association
  - Annual Conference
  - Cost savings of utilizing CHRs
  - Time allotted for collaborative problem solving at meetings and peer feedback (reflective practice)
  - Self Care
- Building an educational pipeline for community members (building capacity)
- Opportunities for academic enrichment
- Online Certificate in Public Health
- Policy ideas\*
  - **CHR certification**
  - **Tribal resolution for CHR reimbursement**
  - **Tribal and state recognition of CHRs association**

## Political Stream

Climate

- Public mood –
  - Community acceptance- CHRs are valuable & vital to the community
  - Largely unknown outside of Indian Health Services (IHS)
  - Casino Fiasco
- Organized political forces – Indian Health Services, 638 Corporations, Inter Tribal Council of Arizona, AHCCCS
- Ideologies of Congress –
  - Historically, democratic Congress more supportive of IHS federal funding
  - **1115 waiver - extend uncompensated care payments to IHS, 638 Tribal facilities – CMS approved waiver request in 2014**

Window of  
Opportunity

# Advocacy Goal



*To recognize Community Health Representatives as integral members of the Indian Health Medical Home (IHMH) Program by authorizing Arizona's Health Care Cost Containment System (AHCCCS) to reimburse CHR services*

# Objective 1: Coalition

*To create a Statewide Community Health Representative Task Force under the Inter Tribal Council of Arizona, Inc. (ITCA) to provide a platform that elevates the professional status of Community Health Representatives*

- A. Develop a multi-sector collaboration for moving the advocacy goal initiative forward and to sustain the presence of CHRs in public health decision-making.
- B. Develop a standardized CHR credentialing program (modeled after the New Mexico CHR credentialing process).
- C. To coordinate an annual intertribal CHR Summit where CHRs can discuss joint advocacy efforts, capacity building, resource opportunities, and professional development.

# Objective 2: Identity Campaign

*Utilize qualitative research methods in developing a CHR identity campaign and elements for an advocacy plan*

- A. Conduct focus groups, in-depth interviews, and listening circles.
- B. Launch a media outreach campaign (i.e. PSA, social media, digital story)
- C. CHR Advocacy Toolkit
  - Elevator Speech - 30-second elevator speech for CHRs to summarize their role in patient-centered care and why AHCCCS should reimburse for their services
  - Digital Story - Short digital story narrated by CHRs describing their role within the healthcare system and another story with doctor/nurse sharing the value of CHR as part of a health care team
  - Fact Sheets - 1) AHCCCS 2) Health Professionals

# Objective 3: Credentialing

*To establish a statewide CHR credentialing plan as a mechanism for third party reimbursement*

- A. Apply for an Arizona Health Education Consortium (AHEC) grant to sponsor a forum of CHR stakeholders to gather input on the Arizona CHR credentialing process
  - a. Items for discussion: standardized core-competency based training, tribal college public health certifications, Certified Nursing Assistant programs, Associate of Arts in Public Health or other health-related fields, “grandfathering” process
- B. Develop an action plan outlining short- and long-term goals and objectives to establish a standardized credentialing system that acknowledges both formal training certification as well as years of experience

# Allies

- Arizona Advisory Council on Indian Health Care (ACOIHC)
- Inter Tribal Council of Arizona, Inc. (ITCA)
- Arizona Community Health Worker Outreach Network (AZCHOW) \*
- Tribal Community Colleges
- Mel and Enid Zuckerman College of Public Health (MEZCOPH)
- Center for American Indian Resilience (CAIR)
- Arizona Prevention Research Center
  - AZCHOW Workforce Coalition
- Arizona Department of Health Services (ADHS) \*
  - Community Health Worker Leadership Council
- \*Arizona CHW Workforce Coalition Efforts Toward Statewide CHW Certification

# Challengers

- Insurance Companies
- Medicaid - Arizona Health Care Cost Containment System (AHCCCS)
- Other Federal Agencies



- Elevator Speech
- Legislative Brief
- Fact Sheets
  - AHCCCS and State Legislature
  - Health Providers
- Digital Stories
  - CHRs
  - Doctors / Nurses

# Advocacy Toolkit

# Elevator Speech (CHR to Legislator)

“As a Community Health Representative, or “CHR,” I wear many hats within my tribal community: health educator, advocate, breastfeeding counselor, event coordinator, transporter to health appointments, interpreter, and friend. As CHRs, we are trained paraprofessionals who serve as intermediaries between healthcare providers and our patients. Because we have a shared background, culture, and language, our patients trust us. And our services have been shown to improve the health outcome of our patients. CHRs should be recognized for our vital role in patient-centered care. We are asking for your support of American Indian health by voting to officially recognize CHRs in the health workforce and paving the way for federal reimbursement of our essential services.”



## Community Health Representatives Federal Medicaid Reimbursement of Rural Arizona's Frontline Health Workers

Jennifer Richards, MPH

### Policy Recommendations

- Voting in favor of state recognition of Community Health Representatives (CHRs) as members of a patient-centered health care team means *federal* reimbursement of CHR services to tribal health facilities (states do not lose money) and opens the pathway for other third party reimbursement options for tribal health facilities. It will also expand Arizona's rural health workforce, which will enable tribes to address their health disparities in a culturally appropriate way.
- Establishing an Office of Community Health Worker will elevate the professional status of Arizona's Community Health Worker workforce and provide a means for continued resource and professional development.

### Context and Importance

Along with the Hispanic population, Arizona's American Indian (AI) population has the worst health in the state. The areas of disparity include: heart disease, diabetes, injury related deaths, cancer, and youth suicide, among many other areas (Arizona Health Disparities Center, 2014). An October 2015 "State of Obesity" identified Arizona's tribal obesity as the most severe in the nation (Blanton, 2015). For the maternal and child health population, the state's AI population has high rates of teen pregnancy, unintended pregnancy, preterm births, and infant mortality (Arizona Department of Health Services, 2012). Community Health Representatives (CHRs) are rural Arizona's frontline health workers who address the rural

### Executive Summary

Community Health Representatives (CHRs) are trusted, community-based tribal paraprofessionals who serve as intermediaries between health service providers and community members. CHRs are vital to patient-centered care because they provide culturally enhanced services to rural, high-risk tribal populations. Services provided to Arizona Health Care Cost Containment System (AHCCCS)-eligible American Indian patients in IHS or tribal facilities can be reimbursed at 100% Federal Medicaid Assistance Percentage (FMAP) at no cost to the State. The policy recommendation is for Arizona to recognize CHRs as part of the patient-centered medical home. State AHCCCS recognition of CHRs enables tribes to leverage federal Medicaid funding to expand the CHR workforce, improve the quality of CHR services, and



# Legislative Brief (Handout)

Tribes can receive

## 100% FEDERAL Reimbursement

for AHCCCS-eligible services provided in IHS and tribal facilities

Community Health Workers have improved:

- ✓ Hypertension Control
- ✓ Self Management Behaviors
- ✓ Health Knowledge
- ✓ Prescribed Care Compliance

### Win - Win Situation



Improved Health Outcomes through Enhanced Patient-Centered Care

## AHCCCS Call to Action: Support American Indian health by recognizing Community Health Representatives (CHRs)

Services provided to AHCCCS-eligible American Indian patients in IHS or tribal facilities can be reimbursed at 100% Federal Medicaid Assistance Percentage (FMAP) at NO COST to the State.

Recognition of CHRs as vital providers in the medical home allows tribes to leverage FEDERAL Medicaid funds to expand the CHR workforce.

**100%** *The tribe gets reimbursed for providing care*

**and the State does NOT have to match funds**



Allows the tribe to increase capacity to provide service



Federal funds coming to the State increases

Source: Centers for Medicare and Medicaid Services

# HEALTH PROVIDERS

## Who are Community Health Representatives (CHRs)?

CHRs are frontline public health workers who are trusted members of the community. They serve as a link between health, social services and the community to facilitate access to services, to prevent disease, promote health, and to improve the quality and cultural competence of service delivery.



Improved patient outcomes



Culturally competent health care

Medicaid (AHCCCS) reimbursement of community-based CHR services



Reducing health care costs by providing preventive care

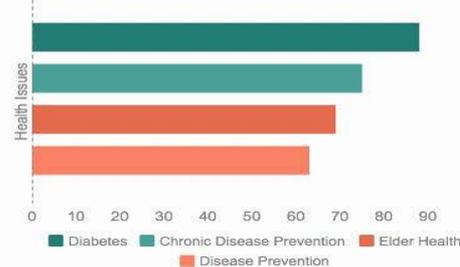
## What can CHRs do?

Top Functions that CHRs Perform



■ Home visits ■ Providing health education ■ Collaborating with agencies

Top Health Issues CHRs Encounter



Source: CHR Summit Report, 2015

# Bibliography

Arizona Health Disparities Center. (2014). *Arizona Health Disparities Fact Sheet*. Retrieved from [http://www.azdhs.gov/hsd/documents/factsheets/fs\\_healthdisparitiescenter.pdf](http://www.azdhs.gov/hsd/documents/factsheets/fs_healthdisparitiescenter.pdf)

Blanton, T. (2015, October 6). Tribal obesity in Arizona most severe in nation. *Arizona Daily Sun*. Retrieved from [http://azdailysun.com/news/local/tribal-obesity-in-arizona-most-severe-in-nation/article\\_5feefc8a-c3a0-5017-9406-eafc0e02c05c.html](http://azdailysun.com/news/local/tribal-obesity-in-arizona-most-severe-in-nation/article_5feefc8a-c3a0-5017-9406-eafc0e02c05c.html)

Centers for Disease Control and Prevention (2015). *Addressing Chronic Disease through Community Health Workers: A Systems-Level Approach*. Retrieved from [http://www.cdc.gov/dhdsp/docs/chw\\_brief.pdf](http://www.cdc.gov/dhdsp/docs/chw_brief.pdf)

Indian Health Services. (2015). *The Role of a CHR*. Retrieved from <http://www.ihs.gov/chr/index.cfm?module=jobRole>

Norris, S., Chowdhury, F., Van Let, K., Horsley, T., Brownstein, J., Zhang, X., Jack, L., & Satterfield D. (2006, June). Effectiveness of Community Health Workers in the care of persons with diabetes. *Diabetic medicine*, 23: 544-556.

Sabo, S. & Chico, T. (2015). *Community Health Representative Policy Summit Report (2015). A Summary Report from the Proceedings of the Community Health Representative Policy Summit: Certification, Reimbursement and Sustainability for Healthy Communities*. Submitted on behalf of the University of Arizona, Zuckerman College of Public Health, Arizona Prevention Center on September 1, 2015. Flagstaff, Arizona.

# Announcements

...

# Advances in CHW Certification in Arizona



Yanitza Soto, Community Health Worker Manager, Arizona  
Department of Health Services (ADHS)

# CHW Certification Updates

- CHWs across Arizona expressed their desire for voluntary certification to increase recognition of their field
- While no legislative statute exists for the Arizona Department of Health Services to oversee certification, ADHS is creating a gold standard for CHW training and preparation as a step in this process.

# CHW Certification Updates

- AzCHOW is developing a voluntary certification process for CHWs to be both grandparented and certified.
- AzCHOW plans to create a network to both provide CHW training for certification and to approve other curricula/programs for certification across the state.

# Meeting with Senator David Bradley and Arizona Health Plan Legislative Liaisons

• • •

Dr. Samantha Sabo

# Meeting Summary

- The Az CHW Workforce Coalition has a sustainability committee that is reaching out to legislators, AHCCCS, and health care plans to explore options for CHW sustainability
- Senator Bradley hosted a forum with these parties to discuss options for sustainability
- Senator Bradley recommended to further educate legislators, AHCCCS, and the Governor's Office of the CHW initiative regarding certification and reimbursement.



# Next Steps

- AzCHW Workforce Committee members will be presenting to the House of Representatives Health Committee on Feb 2 on CHR certification and reimbursement at the House of Representatives
- The Governor's Office has also expressed interest in CHWs and the committee will reach out in the new year.

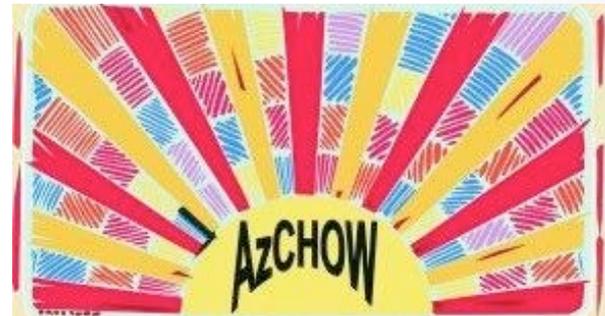
# Reminders

## How to Get Involved

...

# Arizona Community Health Outreach Worker Association

- Founded in 2001
- AZCHOW is a statewide organization designed to create unity while preserving cultural diversity among community health workers.
- Contact Flor Redondo
  - 928 366 3016
  - [floribella@seahec.org](mailto:floribella@seahec.org)
- Need CHR representation on AzCHOW Board
  - Commitment includes monthly phone calls



# Arizona Department of Health Services Community Health Worker Leadership Council

- Established in 2014
- This 21 member leadership council provides ADHS :
  - support and expertise on current and future infrastructure for the CHW Workforce throughout Arizona.
- Meets quarterly – face to face and by phone
- Chair and co-chair identified for 2015-2016
- Need CHR Program leadership on Council

Contact: Yanitza Soto, CHW Program Manager  
Arizona Department of Health Services  
Bureau of Tobacco & Chronic Disease  
(602)542-8261  
[yanitza.soto@azdhs.gov](mailto:yanitza.soto@azdhs.gov)



# Arizona Community Health Worker Coalition

- Established in 2013
- The Coalition is a multi-stakeholder advocacy coalition of over 150 academic, public health, health care, tribal and non profit organization members working to sustain and advance the CHW workforce in Arizona.
- CHWs is the umbrella title and includes Promotoras, Community Health Representatives, Peer Educators, Patient Navigators and beyond.
- Meets quarterly, face to face in Phoenix area.
- To join contact :
  - Monica Munoz to get on list serve
  - [munoz@email.arizona.edu](mailto:munoz@email.arizona.edu)

# Next Steps



Ideas for Next Meeting and more



# Meeting Adjourn



Thank you all for participating.

See you next year!

