CHW/CHR Scope of Practice Overview

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Community Health Representative Workforce Integration in Tribal Health Systems CHRs WITH uS!

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Community Health Representative Workforce Integration in Tribal Health Systems or CHRs WITH uS!

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**CHR ECHO July 15 2024
CHRs Emergency Response
Integration Tool**

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Goals for today

❖ **Celebrate** the amazing work of CHRs and CHWs in this ECHO room

❖ **Share** the science behind how your work saves lives every day

❖ **Recognize** how CHRs use their full scope of practice to serve their clients and communities

Felicia, CHR, Hopi Tribe

Building our 2024 -2025 CHR ECHO Collective Introductions

Please chat :

- **Your Name**

- **Your location or workplace**

- **Number of years you have been a CHW/CHR**

Arizona CHR Summit VII, November 9, 2023
*Photo credit: AACIHC

CHW/Rs make people know and FEEL they matter

Genevieve, CHR, White Mountain Apache Tribe

Lucia, CHR, Hualapai Tribe

The love and generosity of CHW/Rs is contagious

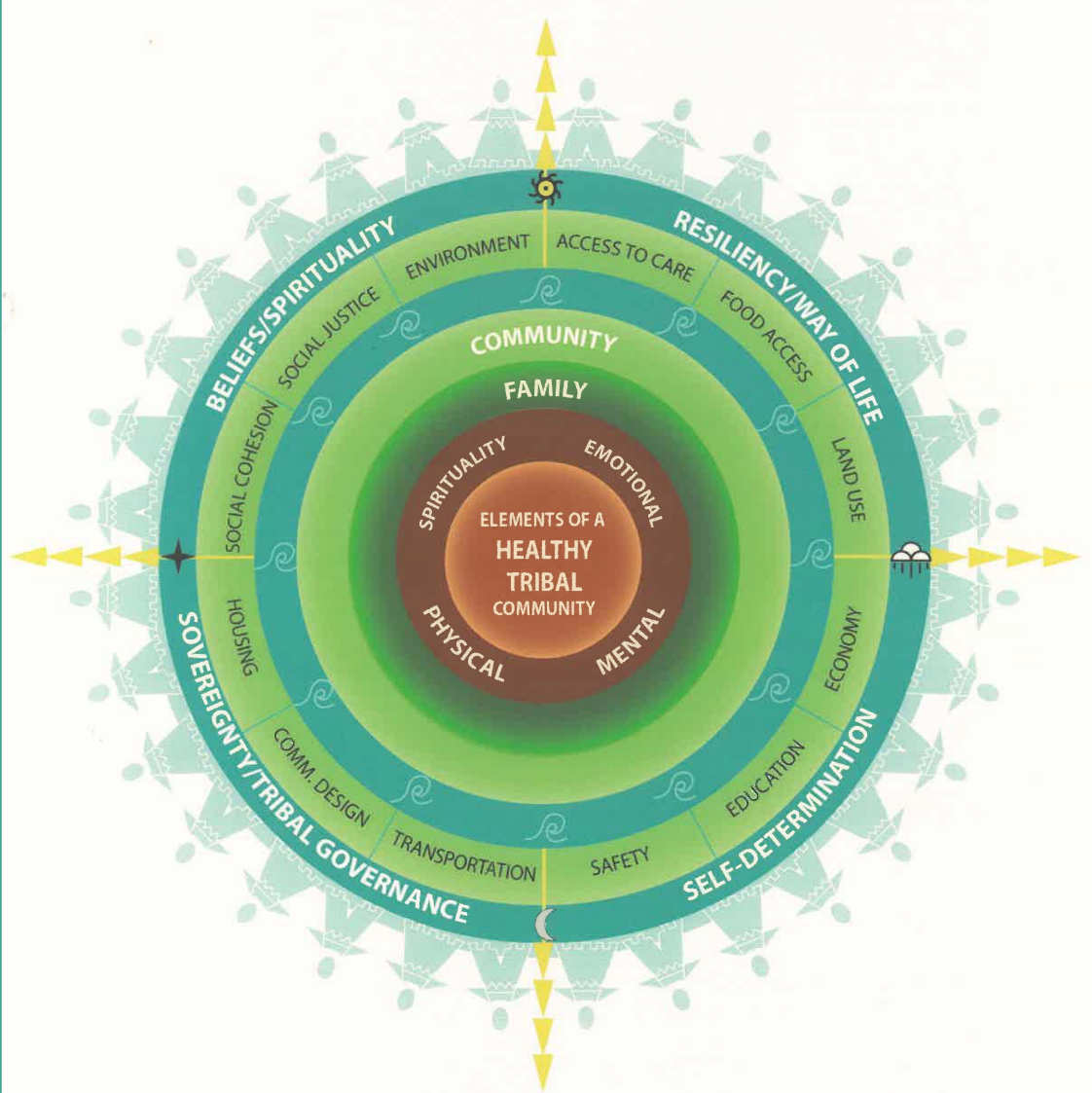Hopi (above) and Pascua Yaqui (below) CHR Program Teams

ELEMENTS OF A
HEALTHY TRIBAL COMMMUNITY

CHW/Rs are a unique and distinct workforce

Relationship and trust-building – to identify specific needs of clients

Communication – especially continuity and clarity, between provider and patient; and traditional knowledge and language

Focus on social determinants of health (SDoH) – conditions in which people are born, grow, work, live, and age, including social connectedness, traditional knowledge and spirituality, relationship to the environment and a shared history
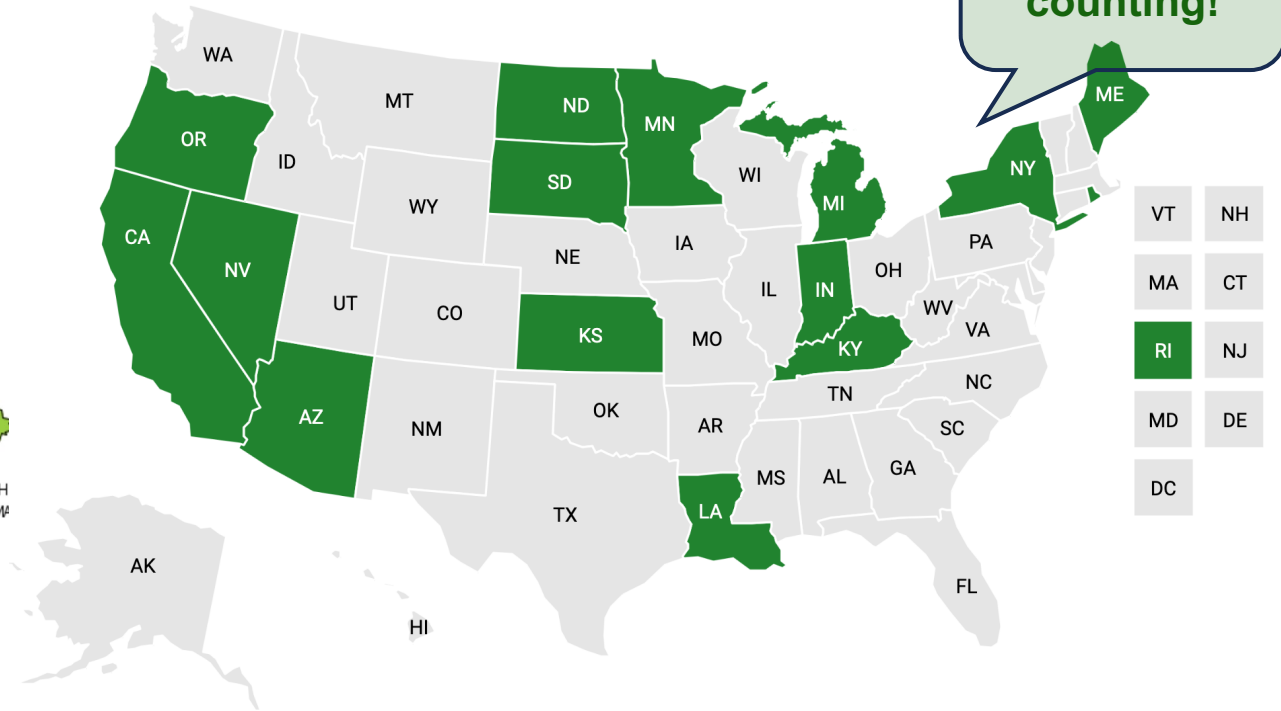
Community Health Worker is the umbrella job title recognized by the US Bureau of Labor

CHW/R Medicaid Reimbursement

CHW/R Workforce Expansion

CHW/R Employment
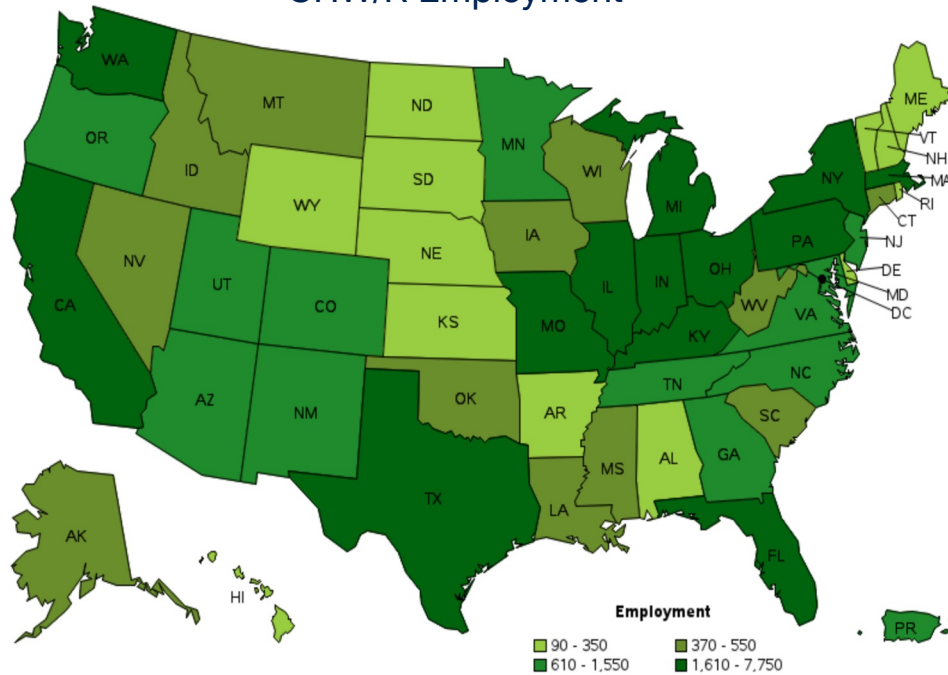
Medicaid State Plan Amendment Authorizes Reimbursement for CHW Services (15 states)   N/A

Approved in 15 states and counting!

Employment
- 90 - 350
- 610 - 1,550
- 370 - 550
- 1,610 - 7,750

Blank areas indicate data not available.

2024 CMS rule approves **Medicare** reimbursement for CHW/R Services!

National CHW/R 10 Core Roles*

Cultural Mediation among Individuals, Communities, and Health and Social Service Systems

Providing Culturally Appropriate Health Education and Information

Care Coordination, Case Management, and System Navigation

Providing Coaching and Social Support

Advocating for Individuals and Communities
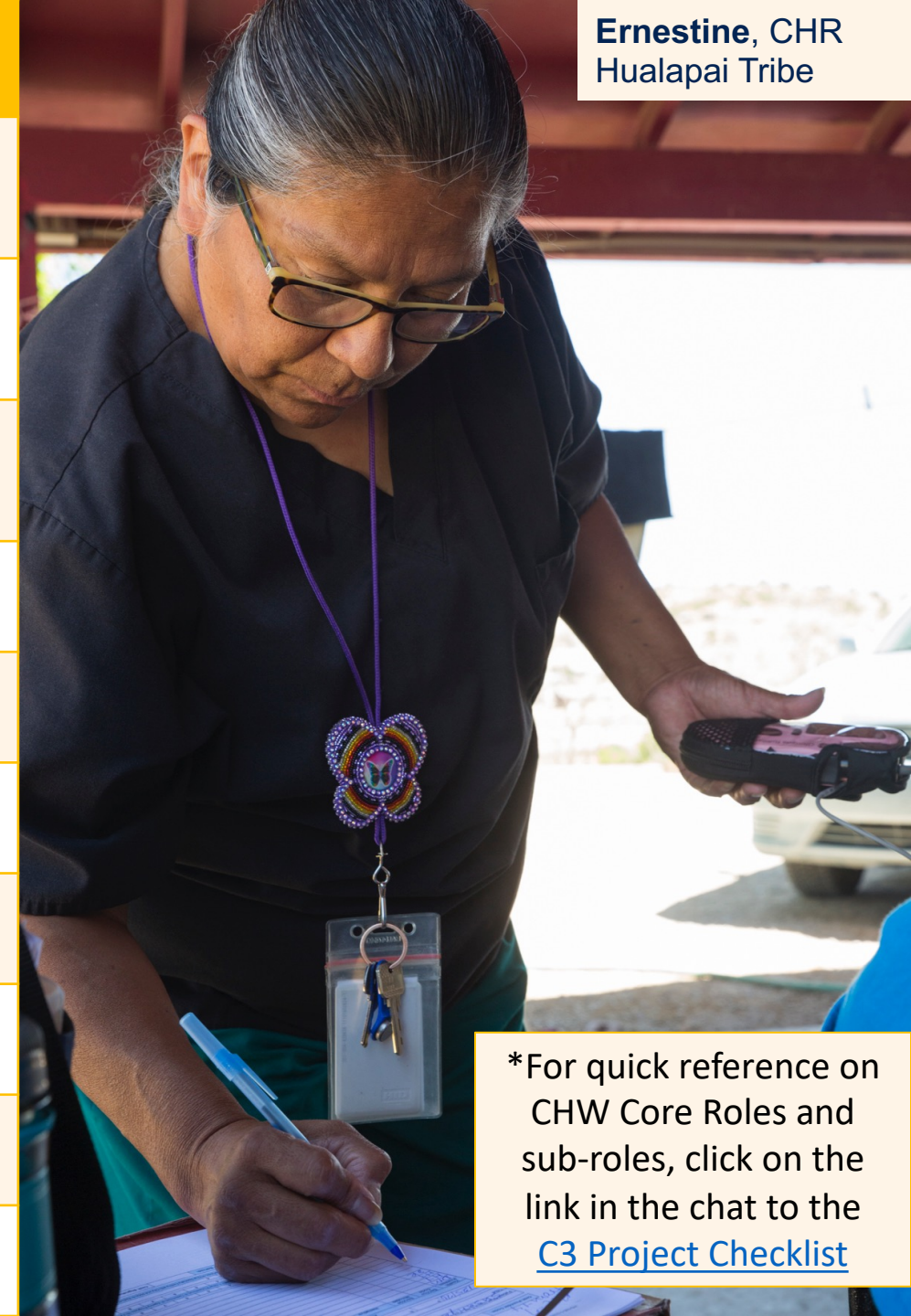
Building Individual and Community Capacity

Providing Direct Service

Implementing Individual and Community Assessments

Conducting Outreach

Participating in Evaluation and Research

Ernestine, CHR
Hualapai Tribe

*For quick reference on CHW Core Roles and sub-roles, click on the link in the chat to the [C3 Project Checklist](#)

CHW/Rs Improve:

- ✓ Chronic disease control
- ✓ Mental health
- ✓ Promote healthy behavior
- ✓ Patient's perceived quality of care
- ✓ Health inequities

CHW/Rs Reduce:

- ✓ Emergency care use
- ✓ Hospitalizations
- ✓ Health care spending

CHW/R programs can be cost-effective and offer a positive return on investment (ROI)

- ✓ One study found for every dollar invested in a CHW/R intervention, Medicaid payers saw an average ROI of $2.47

Citations available upon request.

The Science of CHW/Rs is Clear

CHW/R integration in Health Care Systems is an evidence-based practice

IHS Manual Chapter 16 + CHR National Strategic Plan

1
Priority Area 1: Advocacy and Awareness

Focuses on ways to increase awareness and advocacy to support the National CHR Program and ensure that CHRs receive comprehensive support in providing continuous care for AI/AN people

2
Priority Area 2: Partnerships

Focuses on ways to strengthen partnerships across the National CHR Program and other health care teams to improve systems of care for AI/AN people

3
Priority Area 3: Sustainability

Focuses on ways to strengthen and sustain the National CHR Program and integrate CHRs into health care teams to ensure continuous care for AI/AN people

4
Priority Area 4: Workforce Strengthening

Focuses on ways to develop and enhance CHR workforce training and strengthen CHR competencies

5
Priority Area 5: Data Systems

Focuses on ways to optimize CHR data collection and use to support individual and community-level well-being

4
Priority Area 4: Workforce Strengthening

Focuses on ways to develop and enhance CHR workforce training and strengthen CHR competencies

CHR Basic and Advanced E-Training

Basic Modules
- CHR overview
- **Advocacy** Skills
- **Community Outreach and Engagement**
- Communication Skills
- Interpersonal Skills
- Social Determinants of Health
- Chronic Illness
- Infectious Disease
- Promoting Healthy Lifestyles
- **Care Coordination and System Navigation**
- **Individual and Community Assessment**
- **Teaching** and Facilitation
- **Capacity Building** Skills
- Professional Conduct and Ethics
- COVID-19: Care, Coordination and Communication
- Health Literacy
- **Cultural Competency**

Advanced / Specialty Modules
- Leading at the Community level
- **Organizational and Program Development**
- **Evaluation and Research** Methods

In Development:
- **Health Coaching** for Better Health Care
- Home visits
- **Patient Navigation**

But let's ask you, why do believe you matter to your community?
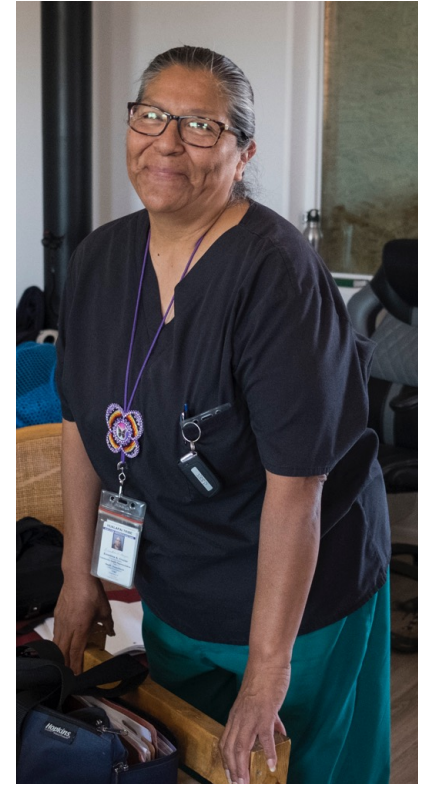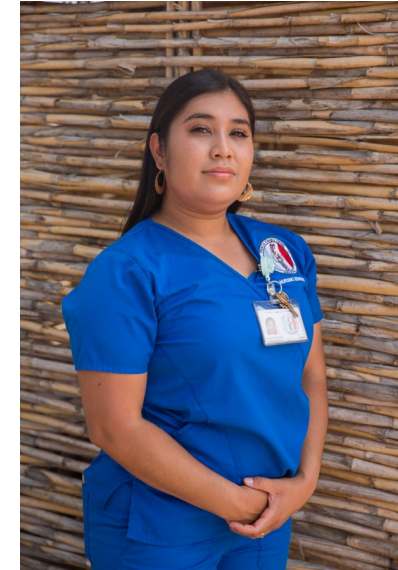
Let's build a word cloud…

Why do you believe you, as a CHR, matter to your community?

Help   We are the big ear!   Helping   Relatable

Hope   Reliable   We help them address barriers   Loved

Culture   Understanding   Resource   resourceful   Care and compassion

Advocate   Compassionate with Elders   Empathy

We are family to them

Relationships   friendly   their voice   Trust   Unity   We are the person who help out

Trust builders

Representatives   We build trust in our people   The compassion and an

Emph   Want to help my people   Liason   dependable   We are next person to be there

Love for community   part of the community

Educate Providers   We are the bridges   Navigation   We are there support sustem   Connecting
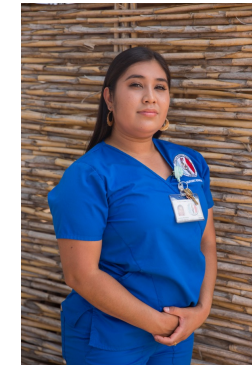
Word cloud generated by ECHO participants, 3/18/24

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The CHW/CHR Scope of Practice
IN
ACTION

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Critical Elements of Your Scope of Practice

➤ Providing Culturally Appropriate Health Education

➤ Care Coordination, Case Management, Systems Navigation

➤ Cultural Mediation among Individuals, Communities, and Health and Social Service Systems

➤ Providing coaching and social support

The Story of Lucia and Mary

Lucia is a CHR of 30 years. Mary is her client going on 10 years.

Mary has been managing type 2 diabetes for many years. Mary has done her best with Lucia's help. At her last check up, Mary's doctor suggested its time to begin preparations to receive dialysis.

Mary is sad and confused and wants to talk with Lucia. She is worried about what dialysis will mean for her, living on a fixed income without a reliable vehicle.

Lucia receives a MD referral to make a home visit to support Mary.

Role Play Activity (5 min)

ROLE PLAY DIRECTIONS:
The Story of Lucia and Mary

Volunteer Actors (2) :
o Volunteers will take 5 minutes to act out a conversation between the CHR (Lucia) and the client (Mary)
o Volunteer actors will pretend this is a typical home visit and imagine:
  o How would you approach this case?
  o What kinds of issues do you often see with this type of client?

Audience :
o Listen closely and try to identify which core roles of the CHW/CHR scope of practice Lucia is using during her visit with Mary.

Speak and Chat :

Which of the core CHW/CHR roles did Lucia use to support Mary ?

Lucia's Scope of Practice

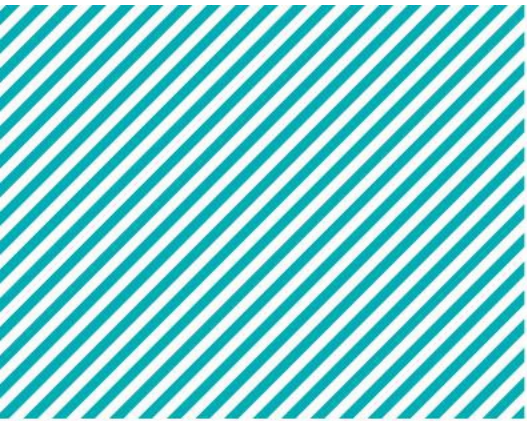| CHW 10 Core Roles |
|---|
| Cultural Mediation among Individuals, Communities, and Health and Social Service Systems |
| Providing Culturally Appropriate Health Education and Information |
| Care Coordination, Case Management, and System Navigation |
| Providing Coaching and Social Support |
| Advocating for Individuals and Communities |
| Building Individual and Community Capacity |
| Providing Direct Service |
| Implementing Individual and Community Assessments |
| Conducting Outreach |
| Participating in Evaluation and Research |

CHR Workforce Activity

CHRs Sheryl and Jessie : Responding to Community Emergencies

Sheryl and Jessie are CHRs of 10 years. They are part of a team of 5 CHRs who serve a rural community of 10,000 residents spread out over a very large reservation.

Heavy summer rains have caused extreme flooding – washing out roads, damaging homes and affecting clean water supply.

The Tribe's Emergency Manager asked Sheryl and Jessie for advice on priorities and considerations for identifying and helping the most remote and vulnerable members of the community. The EM also asked how CHRs can support the emergency response efforts.

Sheryl & Jessie's Scope of Practice

Speak and Chat :

o What core roles do CHRs play during emergencies like this?

o What can CHRs do within their scope of practice to support the emergency response?

o What is your advice to the Emergency Manager for best serving the community in this flooding scenario?

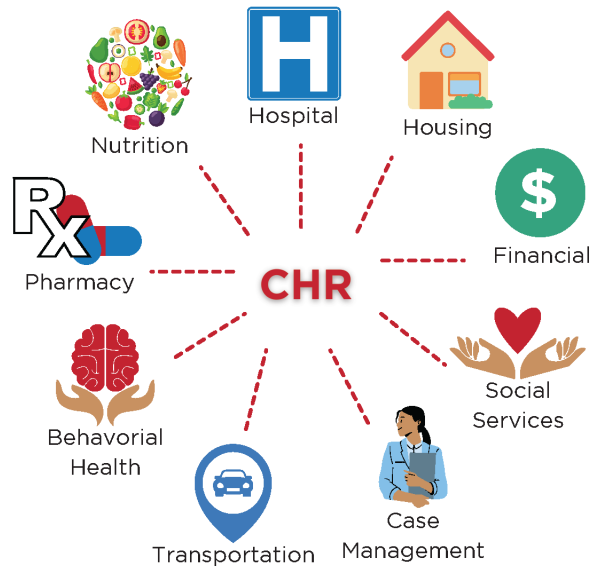| CHW 10 Core Roles |
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Tools to Communicate the CHR Scope of Practice

COMMUNITY HEALTH REPRESENTATIVE

ADVOCACY • LEADERSHIP • OUTREACH

Community **H**ealth **R**epresentatives

A Community Workforce

CHRs address the needs of their community through health improvement and outreach. They are effective agents of change working across health and social systems. CHRs play an essential role in Native Communities, and the healthcare delivery system.

Nutrition • Hospital • Housing • Pharmacy • **CHR** • Financial • Behavorial Health • Transportation • Case Management • Social Services

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CHRs increase access to healthcare and increase coverage through the following activities:

- Health Screening
- Case Management
- Care Coordination with Service Providers
- Transportation Coordination
- Coordination of Durable Medical Supplies
- Direct Health Care Services
- Outreach

Contact Us

IHS Headquarters - Phone: 301-332-0733

Alaska Area
Phone: 907-729-3654

Albuquerque Area
Phone: 505-256-6718

Bemidji Area
Phone: 218-553-1533

Billings Area
Phone: 406-601-0827

California Area
Phone: 916-930-3927 ext. 323

Great Plains Area
Phone: 605-216-9509

Nashville Area
Phone: 615-467-1508

Navajo Area
Phone: 928-871-1329

Oklahoma City Area
Phone: 405-951-3892

Phoenix Area
Phone: 602-831-7896

Portland Area
Phone: 503-414-5597

Tucson Area
Phone: 520-295-2401

Community **H**ealth **R**epresentatives

Community Health Representatives are trusted frontline public health workers. Through facilitating access to quality and culturally competent services, they are a link between health and social services and the communities they serve.

CHR activities that build individual and community capacity include:

- Outreach
- Education
- Informal Counseling
- Social Support
- Advocacy

Tools to Communicate the CHR Scope of Practice

COMMUNITY HEALTH REPRESENTATIVE

ADVOCACY • LEADERSHIP • OUTREACH

INDIAN HEALTH SERVICE

COMMUNITY HEALTH REPRESENTATIVE (CHR) PROGRAM

An essential part of Native communities and the healthcare delivery system.

TRUSTED MEMBERS OF THE COMMUNITY
CHRs serve as a link between the Indian health system, including associated health programs, and AI/AN patients and communities.

COMMUNITY ORIENTED CARE
The CHR program has made important contributions to community oriented primary health care services – bolstering primary and preventative health care.

CULTURALLY COMPETENT CARE
CHRs provide culturally competent outreach and facilitation services to members of the communities they serve – usually their own Tribal members.

ABOUT US!

The Indian Health Service (IHS) Community Health Representative (CHR) Program is an IHS-funded, tribally contracted program of well-trained and medically-guided community-based health workers. The CHR Program was established by Congress in 1968 in response to the expressed needs of American Indian and Alaska Native (AI/AN) governments, organizations, and the IHS, for a healthcare program that would provide an outreach component to meet specific tribal healthcare needs.

CHRs are trained in the skills of health care provision, disease control, and prevention and help to eliminate health disparities by removing barriers to care in their communities. CHRs are the frontline workforce focusing on improving Social Determinants of Health (SDOH) for underserved populations to decrease health inequities across the country using a community-based approach. CHR activities impact SDOH by increasing:

- access to care and coverage,
- social/cultural cohesion,
- transportation,
- food access,
- environmental quality,
- social justice,
- housing, and
- educational training opportunities.

OUR FOCUS AREAS

01 **Relationship and Trust-Building**: to identify the specific needs of clients

02 **Communication**: especially continuity and clarity, between provider and patient, and traditional knowledge and language

03 **Social Determinants of Health**: conditions in which people are born, grow, work, live, and age, including social connectedness, traditional knowledge, spirituality, relationship to the environment, and a shared history

OUR SUCCESSES

- Raised awareness about numerous health issues like colorectal cancer, suicide, and more.
- Conducted trainings.
- Increased screenings and community health improvements.

www.ihs.gov/chr

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*Find these printable tools on the [IHS CHR About Us](#) webpage.

You all do amazing work, through a **robust Scope of Practice**, that research shows **saves lives** and **improves healthcare** in communities across the country.

Closing

Genevieve, CHR, White Mountain Apache Tribe

THANK YOU!

COMMUNITY HEALTH
REPRESENTATIVE
WE SOLVE PROBLEMS
YOU DIDN'T KNOW YOU HAD
IN WAYS YOU DON'T
UNDERSTAND

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Photo Acknowledgement
We acknowledge and appreciate the Arizona Community Health Representative Coalition for commissioning and sharing the photographs for this report. Photographs featured in this presentation are part of a larger digital story initiative aimed at highlighting the important contributions of the CHR workforce to American Indian health and wellbeing. As per photo release agreements signed by participants, photos are for educational purposes only. Photographs do not represent participating individuals or Tribes in this project and are included for the explicit purpose of providing context for the daily work and community environments of the CHR workforce generally. All photographs courtesy of J. Daniel Hud (https://www.jdanielhud.com/) – unless otherwise noted.

National IHS CHR Program

Michelle Archuleta
National CHR Consultant
Indian Health Service

https://www.ihs.gov/chr/