ARIZONA COMMUNITY HEALTH REPRESENTATIVES:

2024 Workforce Assessment Report

CHRs WITH uS!

Acknowledgments

We are grateful to the CHRs WITH uS! Evaluation Working Group, representing CHRs and managers from seven Arizona Tribal CHR Programs, for their keen review of the survey findings and helpful suggestions. We would also like to recognize the Arizona CHR Movement and the Arizona Advisory Council on Indian Health Care for their tireless efforts to advance the CHR workforce in our state.

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To access this report digitally, please visit the AACIHC website (https://aacihc.az.gov/) or the NAU-CHER website (https://nau.edu/cher/).

Arizona Advisory Council on Indian Health Care

NAU
Center for Community Health and Engaged Research

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EXECUTIVE SUMMARY & RECOMMENDATIONS

Celebrating over 55 years of valuable work in tribal communities across the US, the **Community Health Representative (CHR)** workforce continues to grow and achieve new milestones. The 19 CHR programs of Arizona are leading the way, collaborating to share and document best practices in core competency training, integration into health and social service systems, and sustainability through Medicaid and Medicare third party billing for their services.

Since 2017, **the CHR Movement**, a broad-based coalition including the Arizona Advisory Council on Indian Health Care, Northern Arizona University - Center for Community Health and Engaged Research, Indian Health Service and the Arizona CHR Programs organize to advance CHR workforce policy and sustainability. A critical activity of the CHR Movement is to monitor trends in the CHR workforce of Arizona through an annual survey of CHRs and CHR supervisors. The survey looks at demographics, wage and benefits, roles and competencies, training and certification, reimbursement for services, and integration into healthcare systems.

RESULTS

Career Progression & Pay:

- Average CHR annual salary is $34,304 per year ($19.46 / hour), compared to the national avg. of $48,200 per year ($23.17 / hour).
- 45% of CHRs & CHR supervisors report eligibility for promotion/step-up pathways in their place of employment; however, 30% don't know if they are eligible.

Core Roles & Influence on Policy:

- 34% of CHRs are certified nursing assistants and 20% are certified medical assistants.
- More than half of CHRs are interested in pursuing a Bachelor's (52%), Master's (51%), or registered nursing degree (53%).

Integration into Healthcare Systems:

- Over 90% of CHRs and supervisors believe healthcare providers have a good understanding of and respect for their role.
- 93% of CHRs feel comfortable going to healthcare providers about patients' needs.

Training & Professional Development:

- 34% of CHRs are certified nursing assistants and 20% are certified medical assistants.
- More than half of CHRs are interested in pursuing Bachelor's (52%), Master's (51%), or registered nursing degrees (53%).
- 43% of CHRs have access to professional development funds/opportunities

CHW Voluntary Certification & Medicaid Reimbursement:

- 37% of CHRs and 61% of CHRs supervisors are not certified as a CHW in Arizona.
- 83% of CHR supervisors are aware their program plans to bill Medicaid.
- 50% of CHR supervisors report needing hands-on technical assistance to implement Medicaid billing.

Healthcare Team Communication & Electronic Health Records (EHRs):

- Less than 50% of CHRs report that healthcare providers often communicate with them in a way that is timely and accurate.
- Only 20% of CHRs and 33% of CHR supervisors report having full access to EHRs.

RECOMMENDATIONS

This is a pivotal moment for the Arizona CHR workforce, with voluntary certification and Medicaid reimbursement opportunities paving the way for increased sustainability, enhanced care team roles, and improved health and social care for Tribal communities across the state. The following recommendations are in alignment with national CHR workforce priorities and aim to enhance the effectiveness and capacity of CHR programs in Arizona.

Career Progression & Pay:

- Ensure CHR salary is in alignment with state and national averages.
- Build opportunities for professional advancement such as: tiered levels for CHRs with opportunities for additional pay and responsibility based on years of experience and advanced certifications; CHR management and supervisory roles.

CHW Voluntary Certification & Medicaid Reimbursement:

- Invest in CHR voluntary certification and re-certification.
- Implement AHCCCS Medicaid reimbursement for CHR services across systems.
- Provide information sessions & hands-on technical assistance for billing for CHR services.

Training & Professional Development:

- Create pathways for CHR career advancement through investment in advanced education, specialized training, and certification.
- Increase opportunities for and awareness of career advancement/promotions.
- Promote the IHS Basic and Advanced Training and IHS CHR Specialty Trainings

Integration into Healthcare Systems:

- Convene clinical care team with CHR to co-design systems to track patient referrals and enhance communication with healthcare and social service providers.
- Adopt and promote evidence-based practices to integrate CHRs into multidisciplinary care teams and improve care coordination of patients with chronic conditions including cancer care.

Healthcare Team Communication & Electronic Health Records (EHRs):

- Implement provider training that builds understanding of CHR roles and encourages accurate and timely communication for effective care coordination.
- Enhance and adopt tools and resources for communication, referral tracking, data management, data sovereignty, and compliance in alignment with Medicaid reimbursement protocols.

Core Roles & Influence on Policy:

- Involve CHRs in decisions about their workforce at every step.
- Promote leadership training and opportunities for CHRs.

BACKGROUND

In 2024, the Community Health Representative (CHR) workforce marked 56 years as the oldest and only federally funded Community Health Worker (CHW) workforce in the United States. CHRs are a highly trained, well-established workforce serving the medical and social needs of American Indian and Alaska Native communities. Nationally, the CHR workforce numbers over 1,600, representing more than 250 Tribes. **In Arizona, 19 of the 22 Tribes operate a CHR Program and employ approximately 220 CHRs**, equivalent to 15% of the total CHW workforce in the state (2025 estimate = 1422).

Policy Summits

Since 2015, Tribal CHR Programs of Arizona have come together for annual CHR Policy Summits to dialogue and plan for the unique issues and opportunities facing CHR workforce sustainability and advancement. Over time, the Policy Summits generated the **Arizona CHR Movement**, a workgroup which advocates for the inclusion of CHRs in state- and national-level dialogue regarding workforce standardization, certification, training, supervision, and financing.

History of Partnership & Advocacy

To better understand the CHR workforce, members of the Arizona CHR Movement – in collaboration with the Arizona Advisory Council on Indian Health Care (AACIHC), Northern Arizona University's Center for Community Health and Engaged Research, and the Indian Health Service (IHS) – designed a preliminary CHR workforce assessment to be administered during the 2018 CHR Policy Summit. This conference-based assessment of the CHR workforce was the first of its kind in Arizona, which continues to annually document important demographic, professional, and training characteristics of the workforce. *Scan the QR code to see past reports on the AACIHC webpage.*

Connection to National CHR Strategic Plan

Convened by AACIHC, the Arizona CHR Movement meets monthly, bringing together CHRs and program managers from all 19 Arizona CHR Programs, as well as Tribal health department directors, leading American Indian health and social policy entities, the Arizona Department of Health Services (ADHS), Arizona Health Care Cost Containment (AHCCCS; Arizona Medicaid), and state university allies. These gatherings are crucial in defining a collective workforce advancement and sustainability agenda to shape and respond to recent changes in the policy environment including:

- AHCCCS' CHW/CHR Reimbursement Pathways
- ADHS' CHW Voluntary Certification
- Centers for Medicare & Medicaid – Community Health Integration
- National IHS CHR Program Strategic Plan
- Arizona CHR Workforce Reports

METHODS

CHR Workforce Survey

The CHR Workforce Survey is a 32-item annual survey for CHRs and CHR program managers/supervisors. It covers five domains: demographics, roles and competencies, training and certification, sustainability, and integration into healthcare. It is administered at the annual CHR Policy Summit, attended by CHRs and managers. Since 2018, it has adapted to policy shifts, focusing on demographics, wage and promotion, voluntary certification, pandemic response, and reimbursement awareness. Questions align with national CHW and IHS CHR standards.

A key addition to the survey in 2022 explores CHR integration into healthcare systems, addressing barriers and opportunities for improvement. In 2024, new questions were introduced based on the CHW Common Indicators' Data Analysis Guide, emphasizing CHW voluntary certification (VC) and Medicaid reimbursement, as well as measures related to CHR relationship and communication with other healthcare and social service providers. These additions aim to improve understanding of CHRs' challenges and successes in certification, reimbursement, and healthcare integration.

Data Collection & Analysis

Like past years, the 2024 CHR Workforce Survey was distributed at the CHR Policy Summit through paper, email, and a QR code for smartphone or computer completion online. Additionally, it was sent to all CHR program supervisors and/or managers via email to facilitate sharing with CHR staff absent from the Summit. The survey was available for two months (Nov. 22, 2024 – Jan. 21, 2025). Overall, 15 paper surveys and 110 online surveys were collected. Online surveys that were less than 25% complete were not included in analysis (n=20). In order to focus results on the Arizona CHR workforce, we also excluded survey responses from CHRs working outside the Arizona/Navajo Nation area (n=2). Final quantitative and qualitative analysis was conducted for 103 surveys.

Quantitative analysis of response frequency by CHR, CHR supervisor, and total were conducted using MS Excel. Qualitative analysis was conducted through basic thematic coding techniques and participatory evaluation. Thematic coding of the qualitative questions was used to identify common patterns and trends among survey participant responses. Survey results were discussed with CHRs and CHR supervisors participating in the CHRs WITH uS! Evaluation Working Group to gain a more grounded analysis of the participants' lived experiences and engage with their perspectives of the data. This collaborative approach led to a deeper understanding and a more comprehensive evaluation of the data.

RESULTS

Workforce Characteristics

Demographics

A total of 103 respondents representing 17 Arizona CHR programs and Urban Indian Health Centers completed the survey (**Table 1**). Additional demographic information including age, gender, education, race and ethnicity was also gathered (**Appendix A**).

Table 1. Community Health Representative (CHR) survey respondents, 2024

	CHR % (n)	CHR Supervisor % (n)	Total % (n)
Cocopah Indian Tribe	2% (2)	0% (0)	2% (2)
Colorado River Indian Tribes	2% (2)	10% (2)	4% (4)
Fort McDowell Yavapai Nation	0% (0)	5% (1)	1% (1)
Fort Mojave Indian Tribe	0% (0)	5% (1)	1% (1)
Gila River Health Care	11% (9)	0% (0)	9% (9)
Hopi Tribe	10% (8)	10% (2)	10% (10)
Hualapai Tribe	7% (6)	0% (0)	6% (6)
Kaibab Band of Paiute Indians	1% (1)	5% (1)	2% (2)
NACA (Native Americans for Community Action)	0% (0)	5% (1)	1% (1)
Navajo Nation	16% (13)	5% (1)	14% (14)
Pascua Yaqui Tribe	15% (12)	20% (4)	16% (16)
Salt River Pima-Maricopa Indian Community	7% (6)	5% (1)	7% (7)
San Carlos Apache Tribe	10% (8)	15% (3)	11% (11)
Tohono O'odham Nation	4% (3)	0% (0)	3% (3)
Tucson Indian Center	4% (3)	0% (0)	3% (3)
White Mountain Apache Tribe	8% (7)	0% (0)	7% (7)
Yavapai-Apache Nation	0% (0)	5% (1)	1% (1)
Other	4% (3)	10% (2)	5% (5)
TOTAL	**81% (83)**	**19% (20)**	**100% (103)**

Results Summary

Eighty-one percent of respondents identified as CHRs, and nineteen percent identified as CHR supervisors/managers. Five respondents (5%) were from programs outside of the 17 Arizona CHR programs and Urban Indian Health Centers (e.g., "other" responses included: Alamo Navajo Health Center, Well Woman Healthcheck Program, and North Country HealthCare).

CHR supervisors were slightly older, on average, than CHRs (47 vs 42 years). The majority of CHRs and CHR supervisors identify as female (90% of CHRs and 72% of CHR supervisors). Around a quarter of CHRs had a high school degree or GED (24%), while most had some college experience but no degree (51%) or an associate degree (17%). Most supervisors either had some college experience but no degree (33%) or a four-year college degree (17%). Most CHRs and CHR supervisors identified as American Indian or Alaska Native (AIAN) (90% and 67%, respectively) and/or Hispanic/Latino (8% and 17%, respectively).

Compensation

CHRs and supervisors were asked questions about employment status and salary (**Table 2**).

Table 2. Workforce characteristics of CHRs & CHR supervisors

	CHR % (n)	CHR Supervisor % (n)	Total % (n)
Employment status (N=103)			
Full Time	98% (81)	100% (20)	98% (101)
Part Time	2% (2)	0% (0)	2% (2)
How long have you been in this position (N= 102)			
Average length in years (range)	4.85 (0 - 34)	4.55 (0 - 15)	4.79
Individual Annual Salary (N= 103)			
Less than $10,000	4% (3)	0% (0)	3% (3)
$10,000 - $25,000	6% (5)	5% (1)	6% (6)
$25,000 - $35,000	25% (21)	15% (3)	23% (24)
$35,000 - $50,000	51% (42)	25% (5)	46% (47)
$50,000 - $75,000	7% (6)	20% (4)	10% (10)
$75,000 +	0% (0)	15% (3)	3% (3)
Prefer not to answer	7% (6)	20% (4)	10% (10)
Current Hourly Rate (N= 87)			
Mean hourly rate in USD (range)	19.46 (11.83 - 32.00)	20.39 (15.70 - 46.90)	19.62

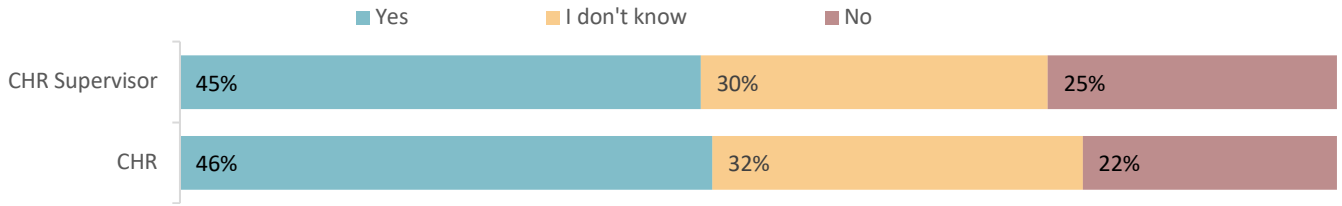
Results Summary

Most CHRs and CHR supervisors reported full-time employment (98% and 100%, respectively), with an average of just under 5 years in their current positions. One respondent reported 34 years of employment as a CHR. **The average annual income for CHRs was $34,305**, with 25% earning between $25,000 and $35,000 and 51% earning between $35,000 and $50,000. On average, CHR supervisors made approximately $0.93 more per hour than CHRs, with a quarter earning between $35,000 – $50,000 and one-fifth reporting more than $75,000 annually.

Career Advancement

We looked at whether respondents were aware of opportunities for career progression and advancement commensurate with a pay increase (i.e. promotion/step-ups) (**Figure 1**).

Fig. 1. Are you eligible for promotion/step-ups with pay increases at your place of employment? (N=101)



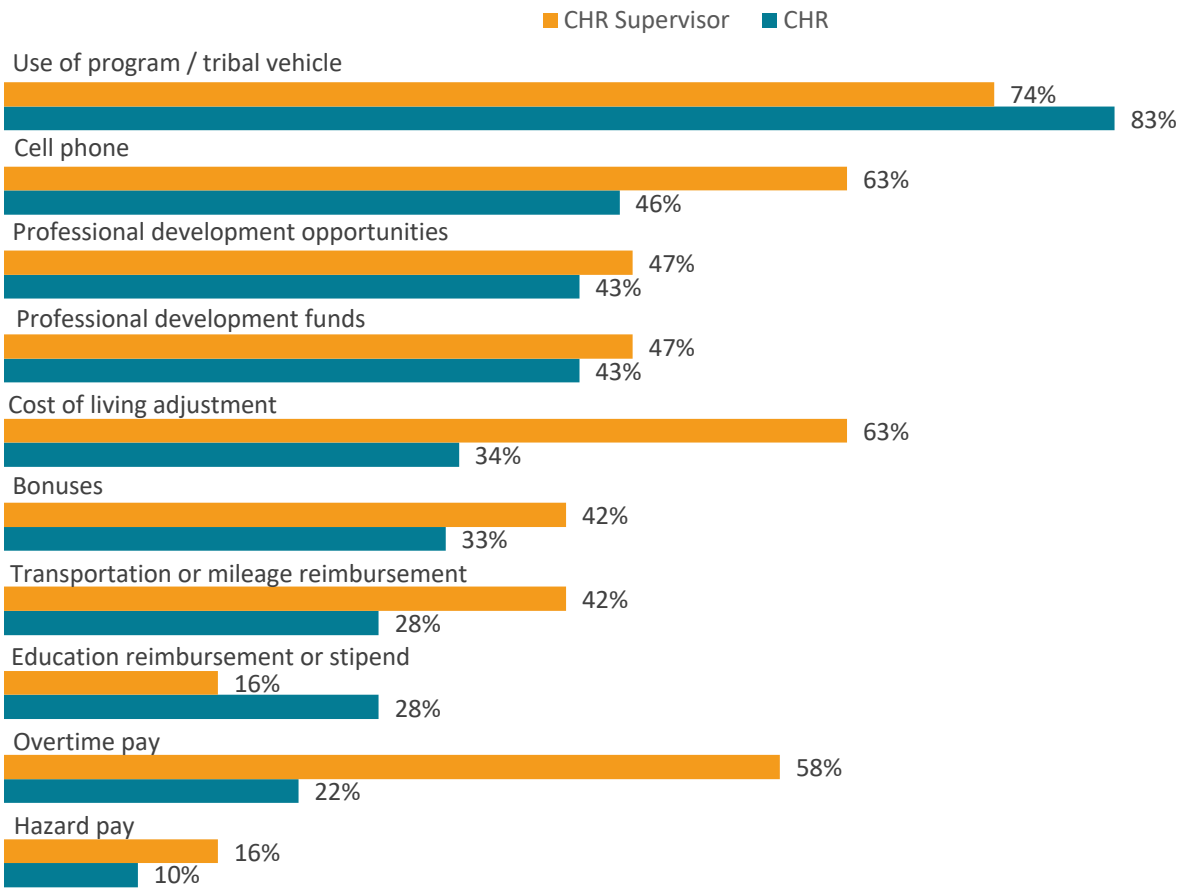
Results Summary

Overall, an equal percentage of CHRs and supervisors report being eligible for a pay increase or promotion (46% vs 45%, respectively). Nearly one-third of both groups (32% and 30%) did not know if they were eligible for a promotion.

Benefits

To assess the employer-provided benefits for CHR employees, participants were queried, "What benefits does your employer provide you?" Respondents selected from a list of 11 benefits, plus a write-in option (**Figure 2**). This question about benefits was added to be in alignment with recommended measures set by the national CHW Common Indicators assessment.

Fig. 2. What benefits does your employer provide you? (N= 98)



Results Summary

Results for CHRs indicate varied benefits. Over 80% of CHRs reported having use of the program or tribal vehicle. 43% of CHRs reported access to professional development funds and professional development opportunities. Approximately 30% to 40% of CHRs indicated access to education reimbursements or stipends, transportation or mileage reimbursements, bonuses, and cost of living adjustments, while less than a quarter reported access to hazard pay and overtime pay. CHR supervisors were more likely than CHRs to have access to all resources except education reimbursement or stipends and use of the program/tribal vehicle.

Results Summary: Change in Benefits

Survey participants were asked an open-ended question about any desired changes related to the benefits they receive through their job. A total of 66 CHRs and managers responded to this optional question: *What changes would you like to see in your pay, benefits, or promotion pathways as a CHR?*

"As I grow into my role, I would like to see my payment rate increase as well."

"Our director needs to encourage employee for CHW certificate and make it easier for us staff."

"I would love to see more opportunities to be able to go back to school to become RNs, LPNs or whatever may be in need to better help our community within the healthcare field."

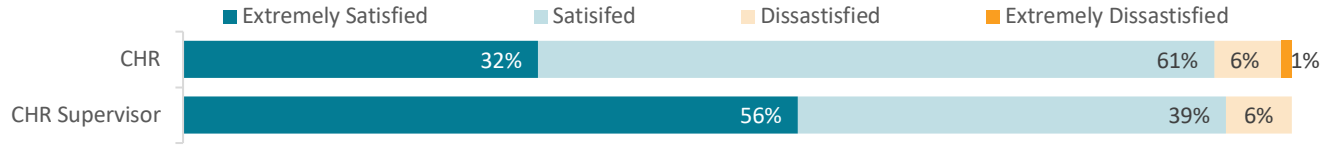
"Grant funding for salaries to hire more CHR staff, the community is growing too fast to accommodate the health needs…"

Approximately 54% (36) of all CHRs and CHR Managers stated that they desired a pay increase, 21% (14) wanted a change in their **benefits**, 12% (8) desired a change in **promotion pathways**, and 12% (8) desired **no change**. Among CHRs, 37% (30) indicated they wanted a pay increase, while 33% (18) CHR Managers stated they wanted a pay increase. Of these respondents, 33% (22) specifically mentioned wanting more pay and overtime. A few respondents specified a desire for a pay increase due to additional professional certifications or attaining higher education, and others mentioned the need for hazard pay specifically.

Job Satisfaction

Participants were asked to rate how satisfied they are with their job as a CHR or manager. Response options included extremely satisfied, satisfied, dissatisfied, and extremely dissatisfied (**Figure 3**).

Fig. 3. How satisfied are you with your job as a CHR (or as a CHR manager)? (N= 90)



Results Summary

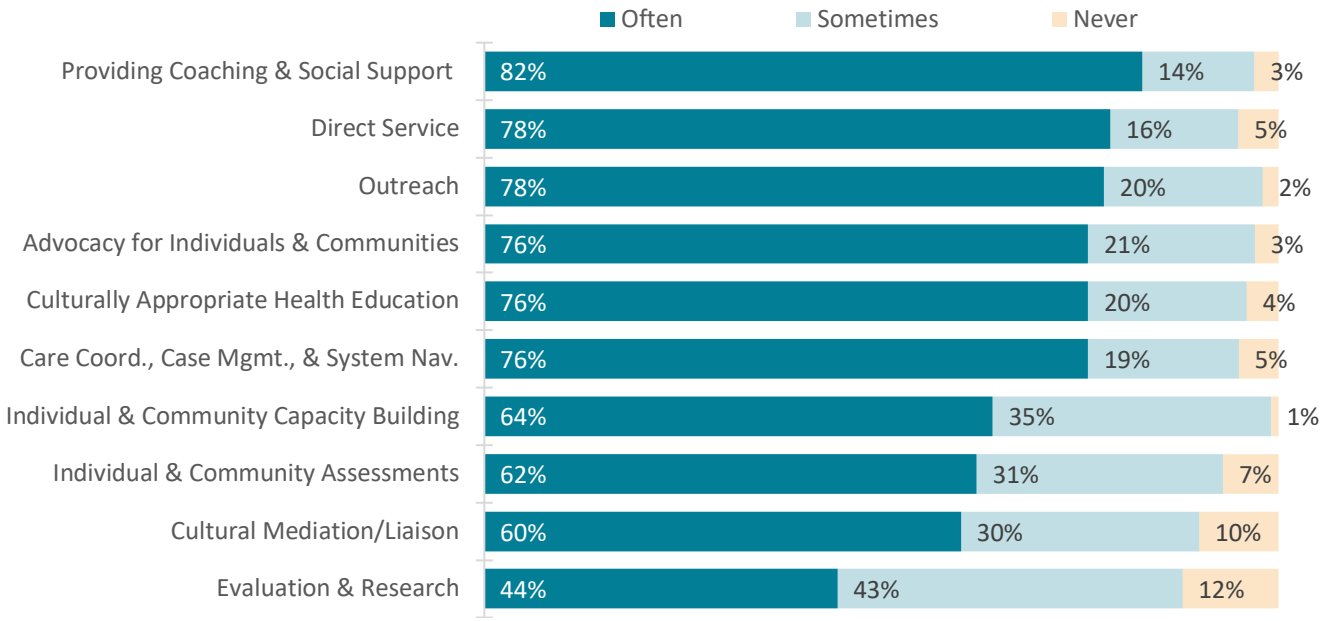
Results revealed that 95% of CHR supervisors and 93% of CHRs reported job satisfaction, with more supervisors (56%) than CHRs (32%) reporting being "extremely" satisfied.

CHR Roles & Activities

Frequency of Enactment of Core Roles

CHR core roles and competencies were evaluated using the National IHS CHR Standard of Practice. Following national guidance for assessing CHW core roles, we examined the frequency and consistency with which CHRs fulfill these roles. CHRs were asked to indicate the roles they perform in their current work and specify the frequency: often, sometimes, or never (**Figure 4**).

Fig. 4. Please mark how often you conduct each of these 10 Core CHR Roles (N= 97)



Results Summary

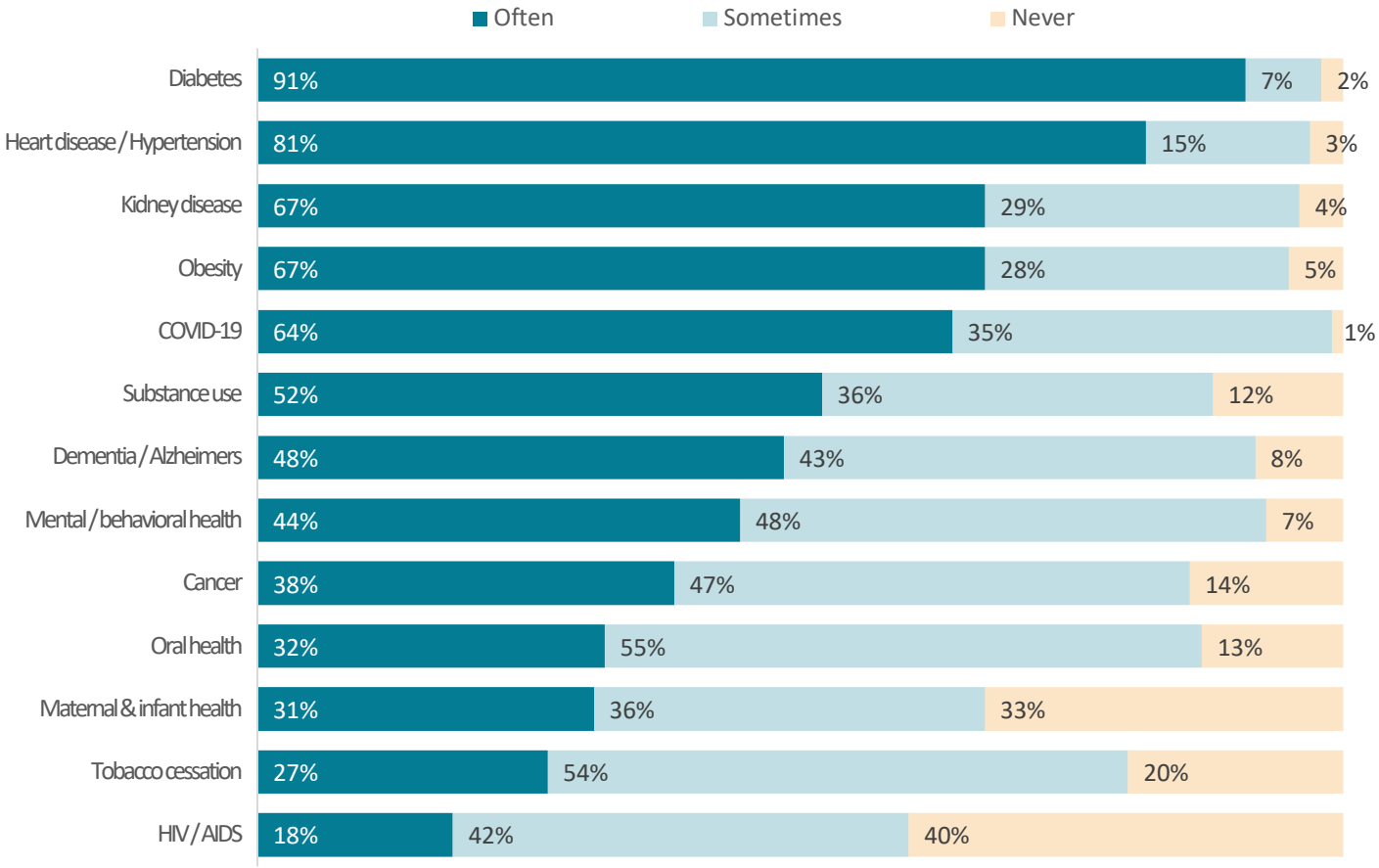
Approximately 70%-80% of CHRs reported “often” providing coaching and social support, direct service, outreach, advocacy for individuals and communities, culturally appropriate health education, and care coordination, case management, and system navigation. Around 60% reported “often” conducting individual and community capacity building, individual and community assessments, and cultural mediation. Regarding participation in evaluation and research, 44% of CHRs reported “often” and 43% reported “sometimes”.

Note that while the term “cultural mediation” is the standard used in CHW Common Indicators, discussions with the CHR Evaluation Working Group in 2023 revealed that many CHRs found the term confusing. Their suggestion of "serving as a cultural liaison" was used the 2024 questionnaire. CHRs emphasized that cultural mediation is integrated into their practice organically, suggesting they engage in this core role frequently even though this specific terminology is not regularly used.

Health Conditions Addressed

CHRs serve clients experiencing a wide range of health and social conditions. We assessed the broad range of health conditions addressed by CHRs and the frequency with which they address these conditions with their clients. CHRs were asked to indicate the health conditions they perform in their current work and specify the frequency: often, sometimes, or never (**Figure 5**).

Fig. 5. Please mark how often you address the following health conditions in your work (N= 97)



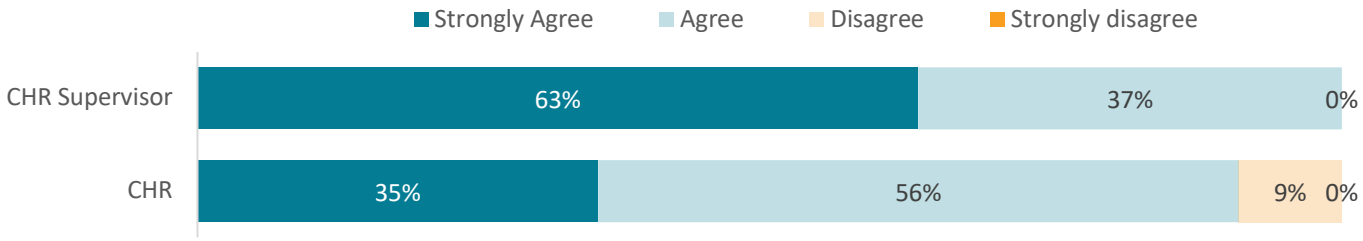
Results Summary

The most frequently addressed health condition for CHRs is diabetes, with over 91% reporting they often address this in their work. Approximately 50%-70% of CHRs often address the health conditions of dementia/Alzheimer's, substance use, COVID-19, obesity, and kidney disease, while over 80% of CHRs reported often addressing heart disease and hypertension. Less frequently addressed in CHR work are mental and behavioral health, cancer, oral health, maternal and infant health, and tobacco cessation (25%-45% reported often), and HIV/AIDS (18% reported often).

Influence on Policy

Core CHR roles and competencies include participating in individual and community-level advocacy, policy and systems change. These roles are important to address the social determinants of health of Tribal communities, which are often rooted in policy and environmental change. To assess their perception of influence on policy, CHRs and supervisors were asked to rate the following statement: "*I believe that as a CHR, I have influenced policy in my organization, community, state, or Tribe*" using a 4-point Likert scale with options of strongly agree, agree, disagree, and strongly disagree (**Figure 6**).

Fig. 6. I believe that as a CHR, I have influenced policy in my organization, community, state, or Tribe (N= 99)



Results Summary

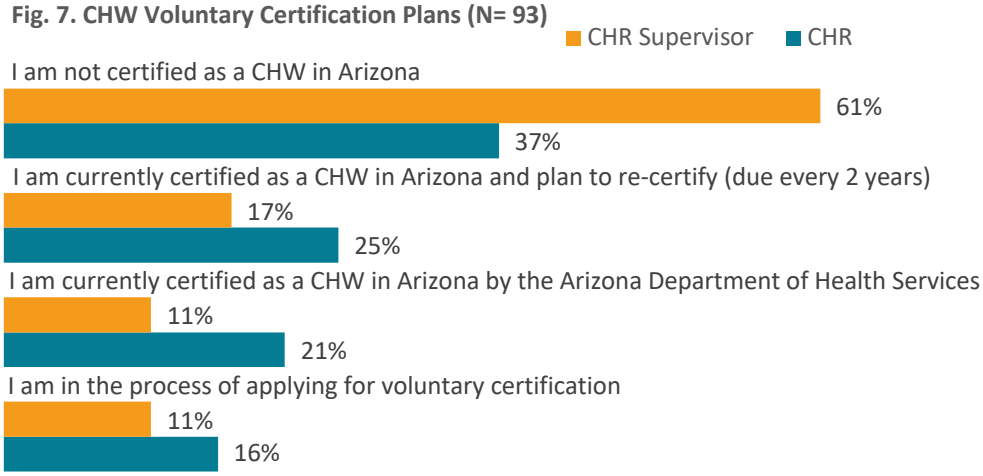
About 90% of total survey participants believe they have influenced policy in their organization, community, state, or Tribe. Only 9% of CHRs reported they did not have an influence on policy.

Sustainability

CHW Voluntary Certification

In 2022, Arizona Community Health Worker Voluntary Certification became available. The participants were asked about their plans to re-certify or if they were already certified (**Figure 7**). Additionally, participants were asked what kind of help they need to get CHW Voluntary Certification or Re-Certification (**Figure 8**).

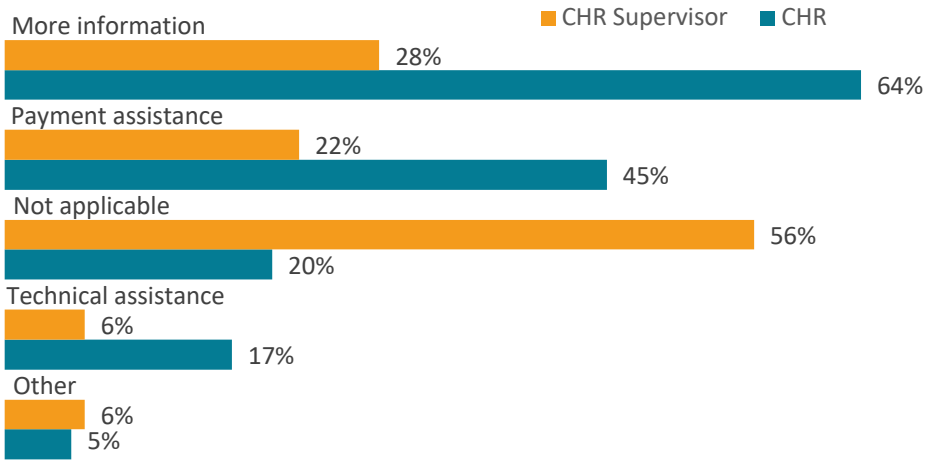
Fig. 7. CHW Voluntary Certification Plans (N= 93)



Results Summary: Voluntary Certification Plans

A quarter of CHRs reported having current CHW certification and plans to re-certify. Another 16% report being in the process of applying for voluntary certification at the time of the Summit. More than one-third of CHRs (37%) and nearly two-thirds of CHR supervisors (61%) reported they're not certified as a CHW in Arizona. It should be noted that CHW certification is not applicable to many supervisors, as illustrated in the responses to the following question.

Fig. 8. What kind of help do you need to get CHW VC or Re-Certification (N= 93)



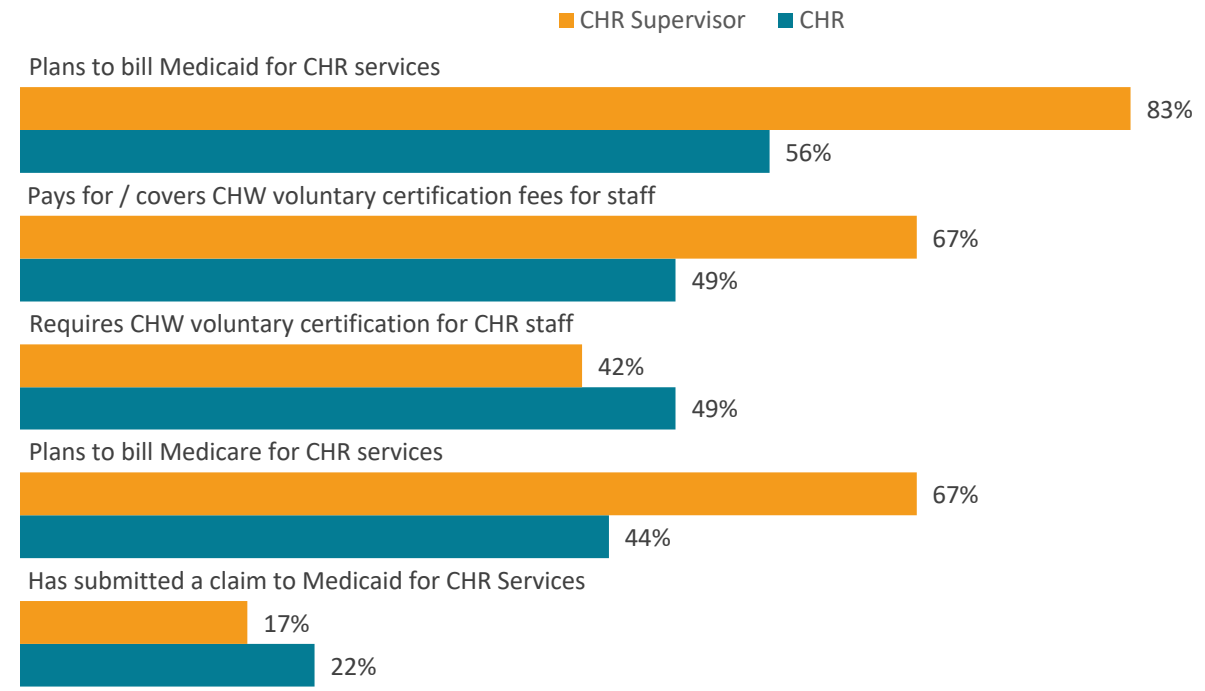
Results Summary: Certification Help

Among the CHRs, 65% indicated needing more information to related to the CHW Voluntary Certification or Re-Certification, while nearly 45% reported needing payment assistance. Following, around 20% of CHRs needed technical assistance or chose "not applicable", with 5% choosing "other". Among CHR supervisors, around a quarter indicated needing more information (28%) or payment assistance (22%), while 56% of CHR supervisors selected "not applicable".

Billing CMS (Medicaid or Medicare) for CHR Services

In 2023, questions about Medicaid reimbursement were added to the survey, and the questions were slightly altered for the 2024 survey to reflect the current policy situation. The first question explored awareness around billing for CHR services, including planning to bill, requiring CHW certification for CHRs, or already having submitted a claim (**Figure** 9). We also asked what kind of supports programs need to pursue Medicaid reimbursement for CHR services (**Figure 10**).

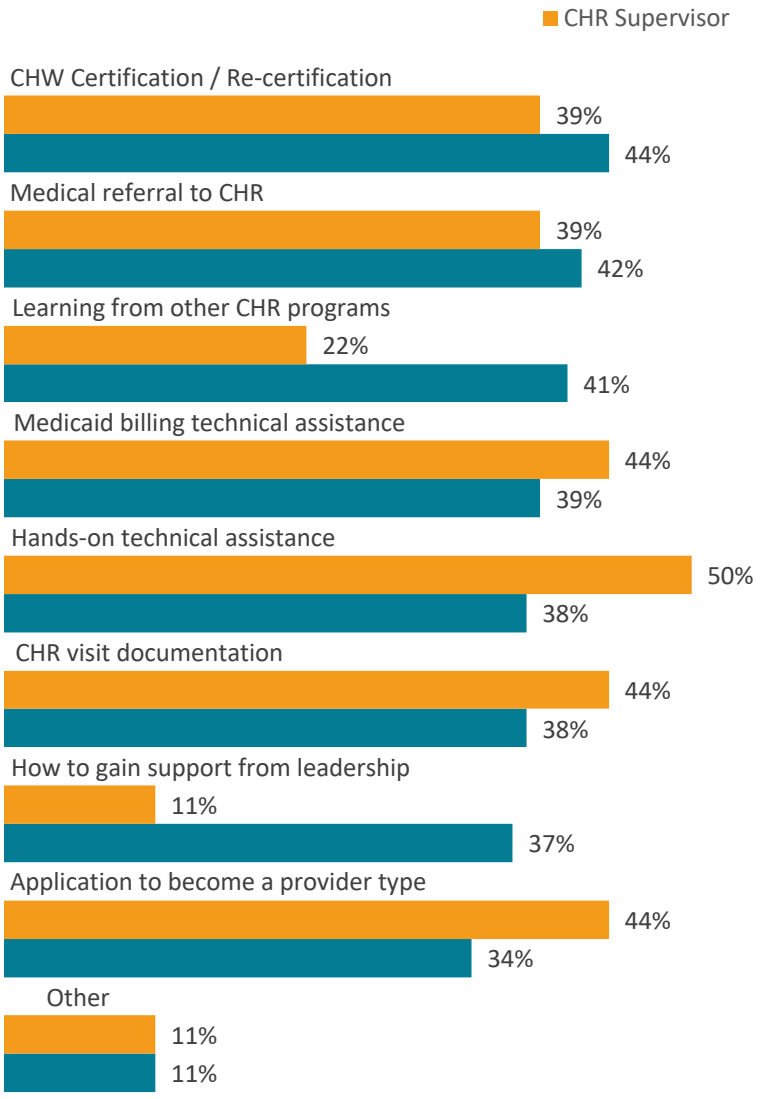
Fig. 9. Awareness of CHW Billing Plans (N= 57)



Results Summary: CHW Billing Plans

Largely, CHR supervisors reported their programs' plans to bill Medicaid *and* Medicare for CHR services, and pay for or cover CHW voluntary certification fees for staff. About half of supervisors reported requiring CHW voluntary certification for CHR staff. Just 22% of CHR supervisors reported submitting a claim to Medicaid for CHR Services. In general, CHRs were less aware of program plans around billing and certification.

Fig. 10. What kind of support does your program need to pursue Medicaid reimbursement for CHR services? (N= 89)



Results Summary: Medicaid Reimbursement Support

Mostly, there was an even consensus of what was needed for their programs to pursue Medicaid reimbursement for CHR services. About 35% to 50% of CHRs and CHR supervisors reported needing CHW certification or re-certification, medical referral to CHR, hands-on technical assistance, Medicaid billing technical assistance, CHR visit documentation, and applications to become a provider type. There were instances where CHRs and CHR supervisors differed, such as how to gain support from leadership (11% vs. 37%) and learning from other CHR programs (22% vs. 41%).

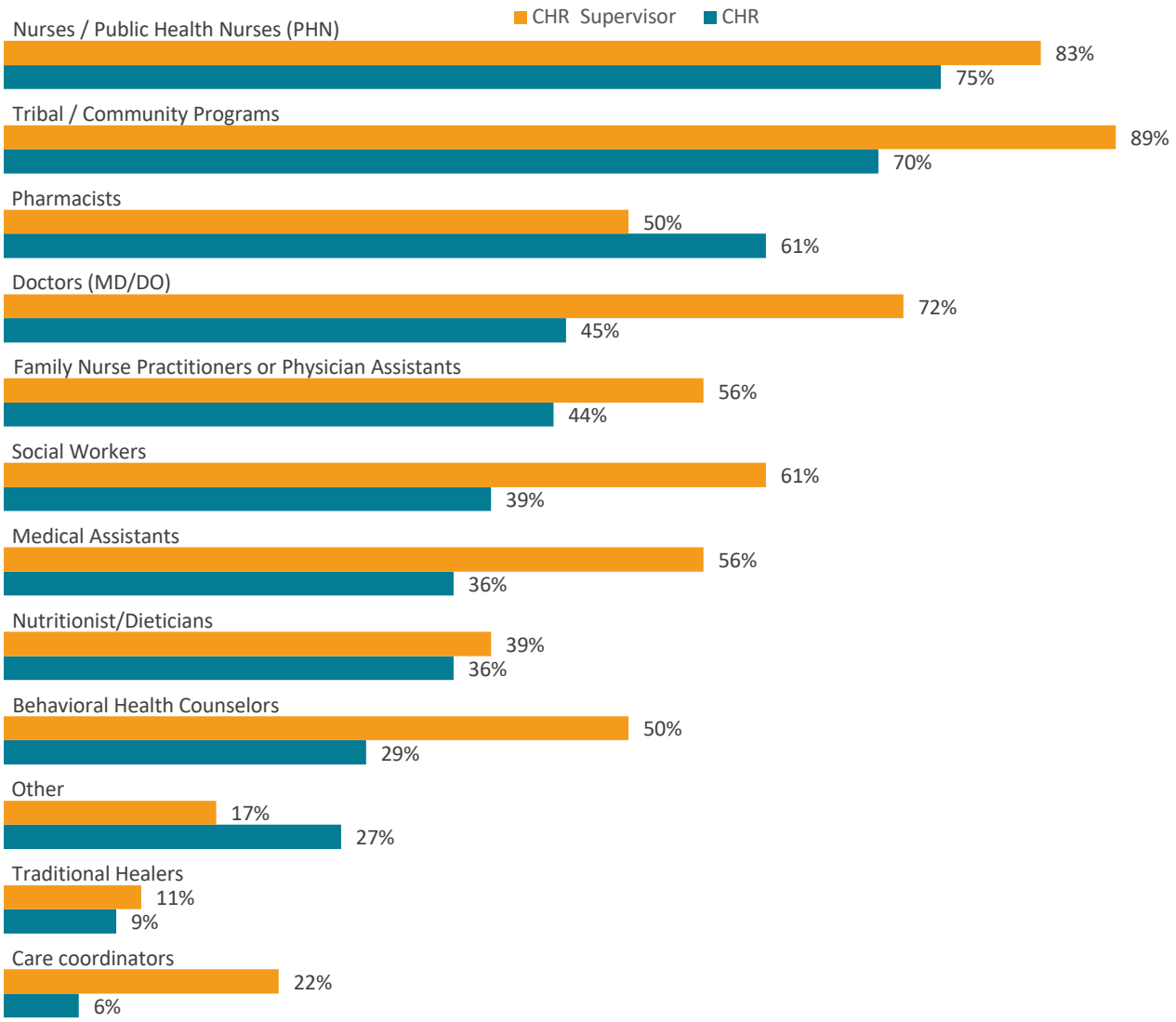
Integration in Health Systems and Teams

A series of questions assessed how CHRs perceive the care teams they interact with. Survey participants were asked to consider *how CHRs work with health and social service providers to coordinate care for clients.* The questions in this section were slightly modified from 2023, to better align with the CHW Common Indicators assessment, specifically under Indicator #5, "CHW Integration into Teams," which recommends questions assessing communication and the perceived relationship with providers.

Who is on the Care Team

CHRs and supervisors selected all that apply from a list of 11 provider types (plus "other"/write-in) to describe who they work with most frequently to coordinate care for their clients (**Figure 11**).

Fig. 11. Who do you work with most often on your care team? (N= 95)



Results Summary: Who is on the care team

CHRs work with a variety of providers, most commonly nurses or public health nurses and Tribal or community programs, followed by pharmacists, doctors, and family nurse practitioners or physician assistants. With the exception of pharmacists, CHR supervisors reported more frequently working with every provider type category, compared with CHRs. Write-in comments for "other" included family members, transportation services, and housing services.

CHR – Care Team Relationship

Provider understanding, respect, and approachability are key indicators of integration. Effective integration is demonstrated when providers fully understand the role of CHRs in bridging healthcare gaps, respect their cultural and community knowledge, and are available and approachable for collaboration. When these elements are present, CHRs feel empowered to communicate openly with supervisors and healthcare teams, leading to improved patient outcomes and stronger community engagement. Participants ranked their responses to the following integration-related questions using a 4-point Likert scale: strongly agree, agree, disagree, and strongly disagree (**Figures 12, 13,** & **14**).

Fig. 12. I feel they have a good understanding of my role and what I do as a CHR. (N=93)

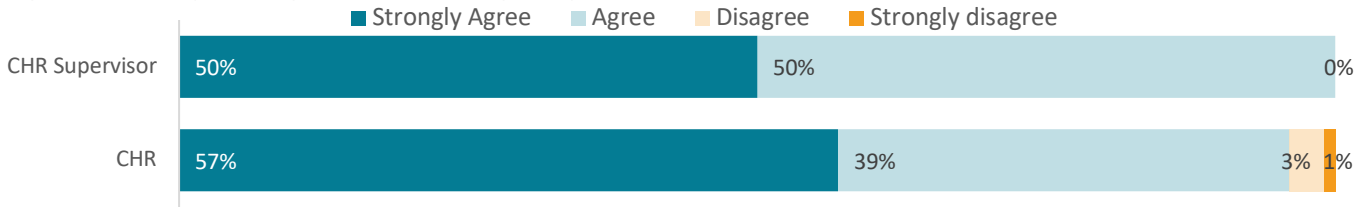


Fig. 13. I feel they respect me and what I do as a CHR. (N=93)

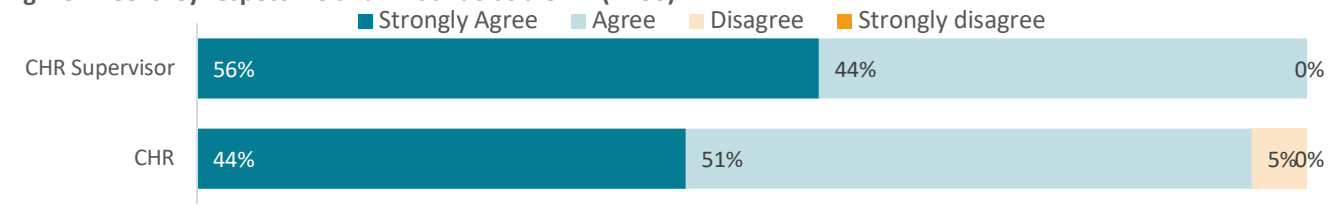
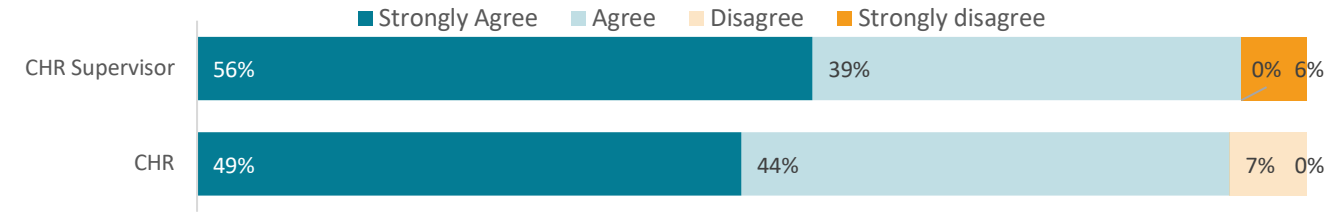


Fig. 14. I feel comfortable going to talk about clients/patients' needs. (N=93)



Results Summary: CHR-Care Team Relationship

Overall, the majority of CHRs and CHR supervisors (over 90%) agreed or strongly agreed that the health and social service providers they regularly work with have a strong understanding of and respect for CHR work and are approachable when it comes to discussing patient care.

CHR – Care Team Communication

Participants ranked how frequent, timely, and accurate their communication is with other healthcare and social service providers; using a 4-point Likert scale: often, occasionally, rarely, and never (**Figures 15, 16,** & **17**).

Fig. 15. How frequently do you communicate with them about clients/patients? (N=93)

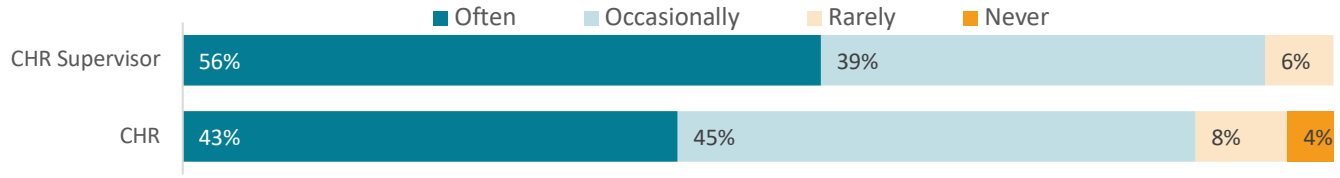


Fig. 16. How often do they communicate with you in a timely way about clients/patients? (N=93)

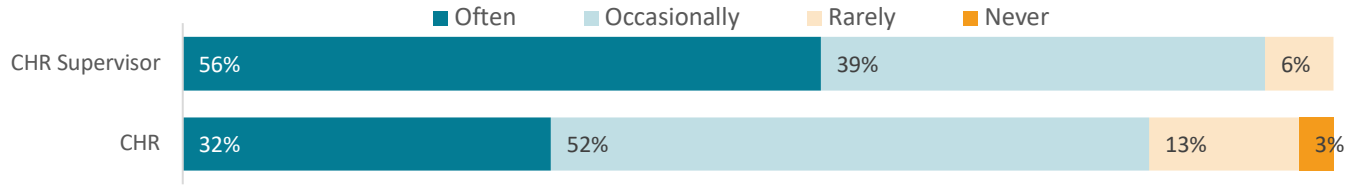
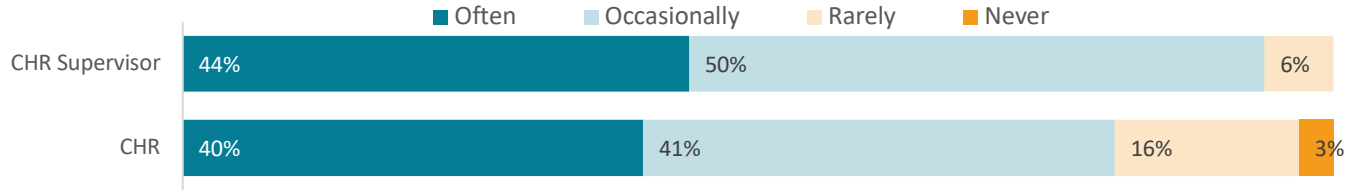


Fig. 17. How often do they communicate with you accurately about clients/patients? (N=93)



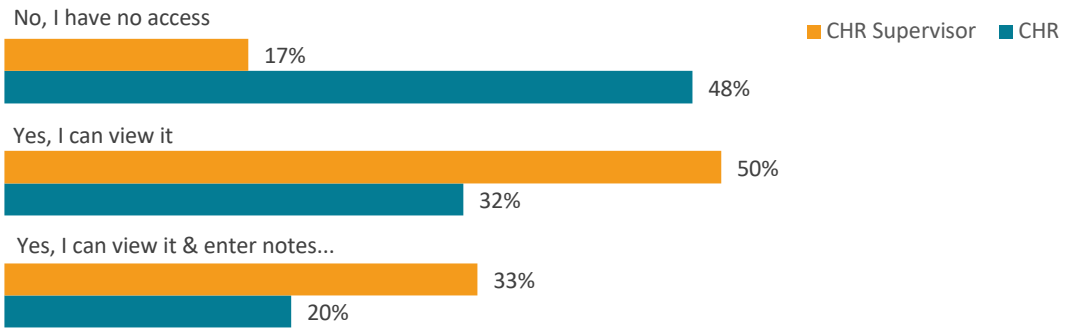
Results Summary: CHR-Care Team Communication

Responses showed some consistent variation between CHR supervisor and CHR reported perceptions. Among the first two measures of communication (frequency and timeliness), a greater percentage CHR supervisors reported *often* than did CHRs (13% and 23%, respectively). In the third measure related to communication accuracy, a similar percentage of supervisors and CHRs (44% and 40%, respectively) chose *often*, while more than half of both groups said that providers accurately communicate about patients only *occasionally* or *rarely*. Across all three categories, CHRs were more likely to choose *occasionally*, *rarely*, or *never* to describe their communication with providers.

Electronic Health Record Access

Access to a patient's electronic health record (EHR) is an important indicator of integration into care teams. CHRs provide a variety of patient services at the direct request of licensed providers but may not have access to the EHR to record patient visit notes or screening results, communicate concerns with the care team, and follow-up on referrals. Participants were asked whether their employer provides them with access to their client's EHR, with options that included: No, I have no access; Yes, I can view it; and, Yes, I can view it *and* enter notes to communicate with the provider/care team (**Figure 18**).

Fig. 18. Does your employer provide you with access to your clients' electronic health record? (N=97)



Results Summary

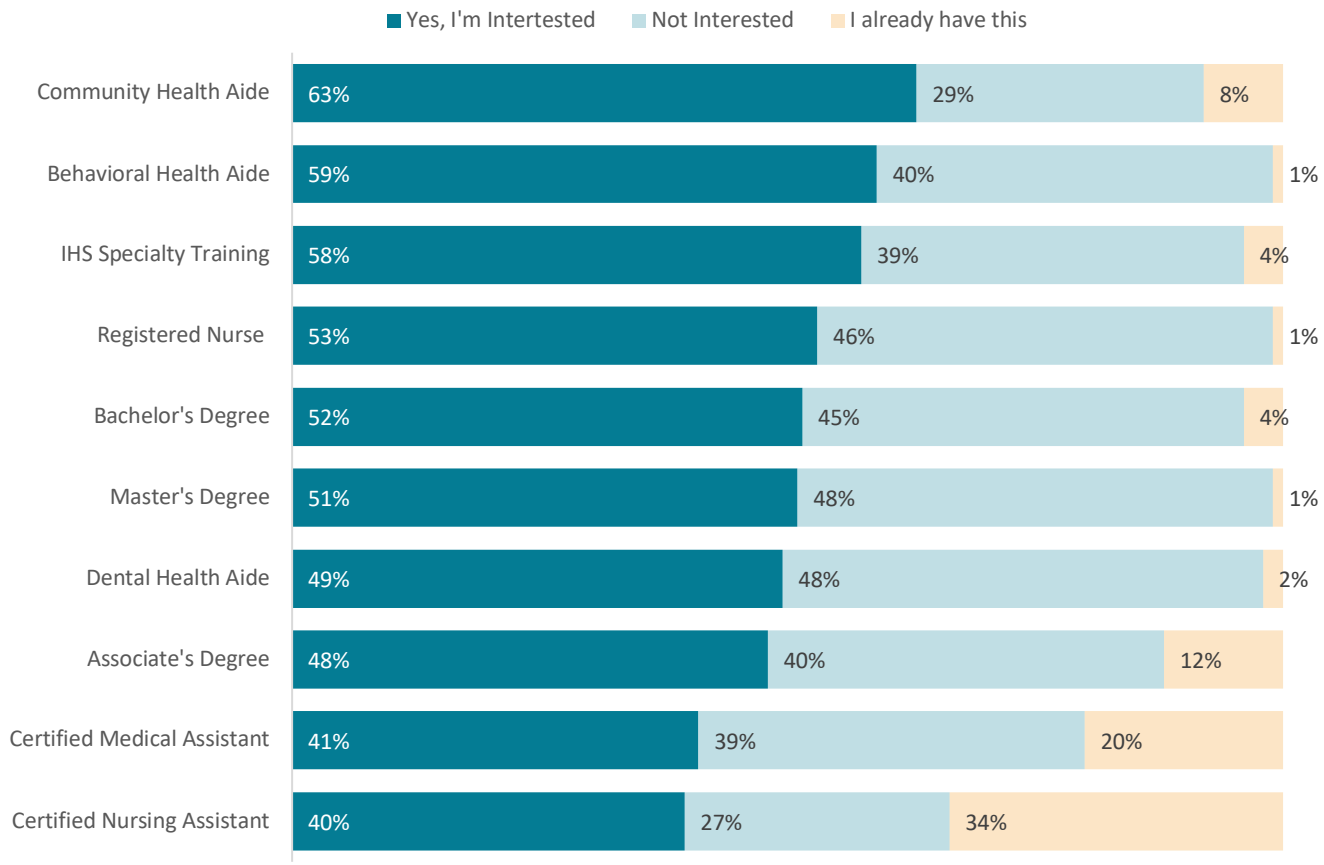
Almost half of CHRs and 17% of CHR supervisors reported having no access to the EHR, and about one-third of CHRs and half of supervisors reported that they have viewing access only. **Full access, described as being able to view patient information and input notes to communicate with other providers within the EHR, represented just 33% of supervisors and 20% of CHRs.**

Professional Development and Training

Certification/Training Desired by CHRs

The National IHS CHR Program and Area Office CHR Consultants play crucial roles in supporting the professional development and training of the CHR workforce. CHR's interest in various training and certifications provided by IHS and other sources were collected (**Figure 19**). They also had the option to write in any additional training/certifications/professional development they desired (**Table 3**).

Fig. 19. Are you interested in getting any of the following advanced certifications/trainings? (N= 83) (CHRs only)



Results Summary: Desired training & certifications

About 60% to 65% of CHRs indicated interest in becoming a community health aide, behavioral health aide, and receiving IHS specialty training. Around 50% to 55% of CHRs were interested in getting a bachelor's degree, master's degree, and associate's degree, and becoming a registered nurse and dental health aide. On the lower end, 41% of CHRs were interested in becoming a certified medical assistant and 40% of CHRs were interested in becoming a certified nursing assistant. Having these two on the lower end could've been from the high percentage of already acquiring this certification (20% and 34%).

Results Summary: Write-in desired training & certifications

Desired training includes advanced offerings or soon-to-be-available courses through the National IHS CHR Program training platform, *Talance*. These include health coaching, community-level leadership, patient navigation, and program development. Interestingly, while CHRs reported sometimes engaging in evaluation and research as part of their core roles (43%), 94% expressed interest in advancing their training in this area. Among write-in responses, suggestions generally fell into either specific topics desired, or certifications / professional development areas of interest.

Table 3. Sample write-in responses of desired trainings and certifications (N=78)

Suggested Training Topics	Certifications / Professional Development
• Public health	• Leadership
• Hypertension	• Nursing program
• Maternal & child education	• Health coaching
• Diabetes ("The Advancements in Diabetes" webinars)	• Phlebotomy certificate
• Dementia	• Bloodborne pathogen training
• Trauma/grieving	• PCC charting / Documentation
• Fetal alcohol syndrome	• Communication skills
• Substance use education	• Train-the-Trainer style trainings

Strengthening the CHR Workforce

CHRs have a uniquely large scope of work that consists of a complex variety of needs for medical, social, behavioral, and even agricultural health training and education. When asked, "What other suggestions do you have for how to strengthen the CHR workforce? Or anything else you would like us to know?", three common themes emerged (**Table 4**). Of the 49 responses to this optional question, about half (25) indicated they had no suggestions. Among the 24 written-in suggestions, the most common topic related to a need for more education and training opportunities for CHRs and supervisors.

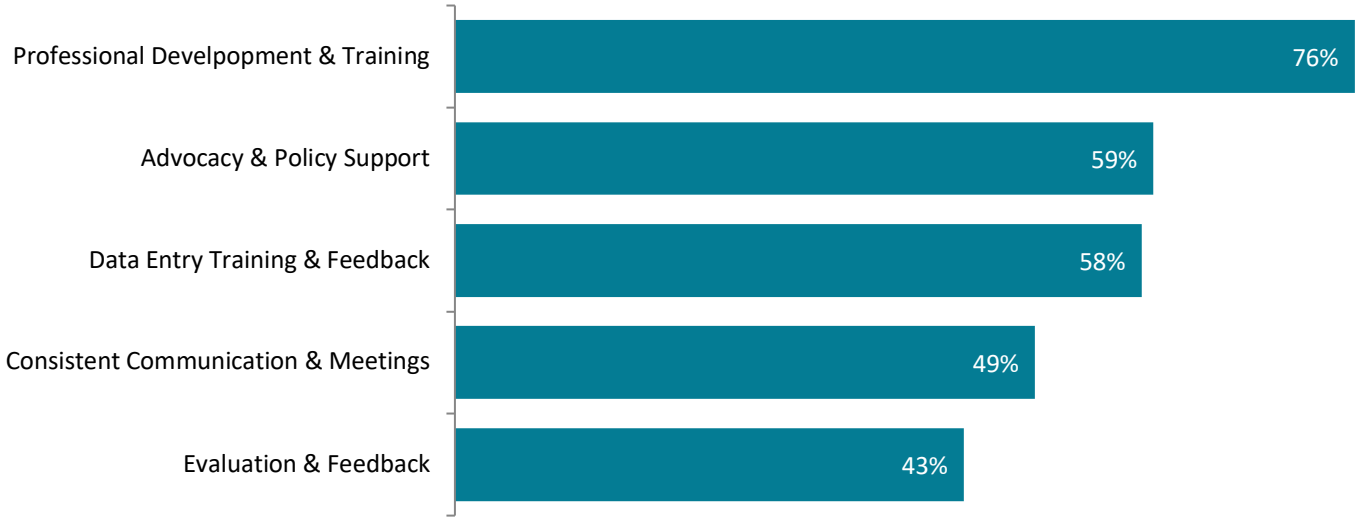
Table 4. Suggestions for strengthening the CHR workforce (N = 49)

Education & Training	Support	Safety & Benefits
• Need for CHW/CHR supervisor training to support staff effectively • New CHR training, e.g. a mentoring style program • Continue the annual Summit, AND connect CHRs to more training and conference opportunities beyond the Summit • PCC training	• Need for clearer guidance on re-certification and certification processes • Additional funds needed to hire more CHRs • Stronger teamwork, advocacy, and collaboration among CHRs and supervisors • More connections between programs to learn from each other	• Requests for hazard pay, pay raises, and improved job benefits • Need for better resources, including proper work attire, safety equipment, a program phone, and nursing supplies • Concerns about workplace safety, such as lack of vehicle maintenance

Indian Health Service Area Office Support

Participants were asked "Would you like to receive the following services from your Indian Health Service – Area Office to support your Tribe's CHR Program?" Participants selected areas in which they desired receiving support (**Figure 20**).

Fig. 20. Would you like to receive the following services from your IHS - Area Office to support your Tribe's CHR Program? (CHRs and CHR Supervisors) (N= 83)



Results Summary

The top three (3) services that both CHRs and CHR supervisors desired from IHS are professional development and training (76%), advocacy and policy support (59%), and data entry training and feedback (58%). Consistent communication and meetings (49%) and evaluation and feedback (43%) were still highly desired from both CHRs and CHR supervisors.

CONCLUSION

CHRs continue to provide essential, culturally grounded care across Arizona, meeting a broad spectrum of medical and social needs in their communities. This year's annual workforce findings showcase the opportunity to invest in CHRs, through expanding access to voluntary certification, advancing Medicaid reimbursement implementation, supporting professional development, training and leadership, and enhancing integration into care coordination. As Arizona continues to promote CHRs, we have the tools and knowledge to implement these changes, reinforcing CHRs as critical members of the care team. Advancing this workforce is not only a pathway to equity, but also essential for the future of creating community-centered care. This is the time to ensure CHRs are fully supported, respected, and resourced to thrive.

APPENDIX

Table A. Community Health Representative (CHR) & CHR supervisor demographics, 2024

	CHRs % (n)	CHR Supervisor % (n)	Total % (n)
Respondents (N= 103)	81% (83)	19% (20)	103
Age (N= 89)			
Mean age in years (range)	42 (20 - 74)	47 (29 - 65)	43
Sex (N= 90)			
Female	90% (65)	72% (13)	87% (78)
Male	8% (6)	17% (3)	10% (9)
Other / Prefer not to answer	1% (1)	11% (2)	3% (3)
Education Level (N= 89)			
Less than high school	3% (2)	6% (1)	3% (3)
High school/GED graduate	24% (17)	6% (1)	20% (18)
Some college, no degree	51% (36)	33% (6)	47% (42)
Associate degree (2-year)	17% (12)	22% (4)	18% (16)
Bachelor's degree (4-year)	6% (4)	17% (3)	8% (7)
Master's degree	0% (0)	17% (3)	3% (3)
Race (N=90)			
American Indian/Alaska Native	90% (65)	67% (12)	86% (77)
Hispanic/Latino	8% (6)	17% (3)	10% (9)
White	4% (3)	17% (3)	7% (6)
Black/African American	0% (0)	0% (0)	0% (0)
Asian	1% (1)	0% (0)	1% (1)
Native Hawaiian/Pacific Islander	0% (0)	0% (0)	0% (0)
Other / Prefer not to answer	1% (1)	0% (0)	4% (4)