ARIZONA COMMUNITY HEALTH REPRESENTATIVES:

2023 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.

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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 Northern Arizona University

Center for Health Equity 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 Advisory Council on Indian Health Care, Northern Arizona University - Center for Health Equity 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 $37,421 per year ($18.02 per hour), compared to the national figures: $48,200 per year ($23.17 per hour).
- 54% of CHR supervisors and 37% of CHRs report eligibility for promotion/step-up pathways in their place of employment.

Training & Professional Development:

- 40%-60% of CHRs are certified in home visiting, first aid/basic life support, and CPR.
- Approximately 50% of CHRs have access to training and training funds.

Integration into Healthcare Systems:

- 96% of CHRs believe they are well integrated into care teams.
- 80% of CHRs believe healthcare providers understand their roles well and value their contributions.

Core Roles & Influence on Policy:

- 60-70% engage *weekly* in direct service, advocacy, outreach, coaching, and care coordination.
- 90% believe they influence policy at their organization, community, state, or Tribe.

CHW Voluntary Certification & Medicaid Reimbursement:

- 75% of CHR supervisors report their program plans to pursue CHW Voluntary Certification and Medicaid Reimbursement for CHR services.

Healthcare Team Communication & Electronic Health Records (EHRs):

- Only 56% of CHR supervisors and 52% of CHRs report having access to EHRs.
- Face-to-face and frequent communication is preferred for establishing patient plans.
- CHRs believe that increasing EHR access will greatly assist communication and CHR integration into healthcare teams and systems.

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.

Training & Professional Development:

- Create pathways for CHR career advancement through investment in advanced education, specialized training, and certification.

Core Roles & Influence on Policy:

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

CHW Voluntary Certification & Medicaid Reimbursement:

- Promote the IHS Basic and Advanced Training and IHS CHR Specialty Trainings
- Invest in CHR voluntary certification and re-certification.
- Implement AHCCCS Medicaid reimbursement for CHR services across systems.
- Provide technical assistance for billing for CHR services.

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):

- Equip CHR programs with essential technological resources such as work cell phones, tablets, and updated office computers and software to facilitate patient care and quality assurance.
- Enhance and adopt tools and resources for communication, referral tracking, data management, data sovereignty, and compliance in alignment with Medicaid reimbursement protocols.

BACKGROUND

In 2018, the Community Health Representative (CHR) workforce celebrated their 50th year, serving as the oldest and only federally funded Community Health Worker (CHW) workforce in the United States. CHRs are a highly trained, well-established standardized workforce serving the medical and social needs of American Indian and Alaska Native communities. Nationally, the CHR workforce consists of ~1,700 CHRs, representing 264 Tribes. Of the 22 Tribes of Arizona, 19 Tribes operate a CHR Program and employ ~250 CHRs, equivalent to ~30% of the total CHW workforce in the state.

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 (NAU)'s Center for Health Equity 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 document important demographic, professional, and training characteristics of the workforce across Tribal programs every year.

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

monthly and annual gatherings are crucial in defining a collective workforce advancement and sustainability agenda to shape and respond to recent changes in the policy environment including:

- ADHS' Community Health Worker Voluntary Certification
- AHCCCS' CHW/CHR Reimbursement Pathways
- 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 36-item annual survey for CHRs and CHR program managers/supervisors. It covers five domains: demographics, roles and competencies, training and certification, reimbursement, 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.

Data Collection & Analysis

Like past years, the 2023 CHR Workforce Survey was distributed at the CHR Policy Summit through paper, email, and a QR code for smartphone or computer completion. Additionally, it was sent to all CHR program supervisors and/or managers to facilitate sharing with CHR staff absent from the Summit.

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 participants. 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

Demographics

A total of 117 respondents representing 15 Arizona CHR programs and Urban Indian Health Centers completed the survey (Table 1). Specific demographic information including age, gender, education, race and ethnicity were also captured (Appendix A).

Table 1. Community Health Representative (CHR) survey respondents, 2023

	CHR % (n)	CHR Supervisor % (n)	Total % (n)
Cocopah Indian Tribe	1% (1)	2% (1)	2% (2)
Colorado River Indian Tribes	5% (4)	3% (1)	4% (5)
Fort McDowell Yavapai Nation	1% (1)	0% (0)	1% (1)
Fort Mojave Indian Tribe	1% (1)	0% (0)	1% (1)
Gila River Health Care	9% (8)	7% (2)	9% (10)
Hopi Tribe	7% (6)	3% (1)	6% (7)
Hualapai Tribe	7% (6)	10% (3)	8% (9)
Kaibab Band of Paiute Indians	1% (1)	2% (1)	8% (2)
Navajo Nation	13% (11)	7% (2)	11% (13)
Pascua Yaqui Tribe	11% (9)	10% (3)	10% (12)
Salt River Pima-Maricopa Indian Community	1% (1)	7% (2)	3% (3)
San Carlos Apache Tribe	6% (5)	7% (2)	6% (7)
San Juan Southern Paiute	1% (1)	0% (0)	1% (1)
Tohono O'odham Nation	6% (5)	7% (2)	6% (7)
White Mountain Apache Tribe	16% (14)	10% (3)	15% (17)
Other	14% (12)	26% (8)	17% (20)
TOTAL	**74% (86)**	**26% (31)**	**100% (117)**

Results Summary

Seventy-five percent of respondents identified as CHRs and 26% identified as CHR supervisors/managers. Twenty respondents (17%) were from outside of Arizona (i.e. "other" included: Chemehuevi Indian Tribe, IHS Headquarters, Oglala Sioux Tribe, Lake County Tribal Health Consortium, and Pima County Health Department). CHR supervisors were slightly older, on average, than CHRs (49 vs 45 years). The majority of CHRs and CHR supervisors identify as female (84% each). A quarter of CHRs had a high school degree or GED, while most had some college experience but no degree (37%) or an associate degree (28%). Most supervisors had some college experience but no degree (40%) or a four-year college degree (36%). Most CHRs and CHR supervisors identified as American Indian or Alaska Native (AIAN) (91% and 71%, respectively) and/or Hispanic/Latino (10% and 17%, respectively).

Workforce Characteristics

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

Summary Results

Most CHRs and CHR supervisors reported full-time employment (99% and 97%, respectively), with an average of approximately 6 years in their current positions. One respondent reported 42 years of employment as a CHR. The average annual income for CHRs is $37,421, with 38% earning between $25,000 and $35,000 and 29% earning between $35,000 and $50,000. Most CHR supervisors reported earning between $35,000 and $50,000 (28%) or more than $75,000 (24%). On average, CHR supervisors make approximately $6.88 more per hour than CHRs. Interestingly, 3% of CHRs reported earning between $50,000 and $75,000 annually in 2023, compared to none in 2022.

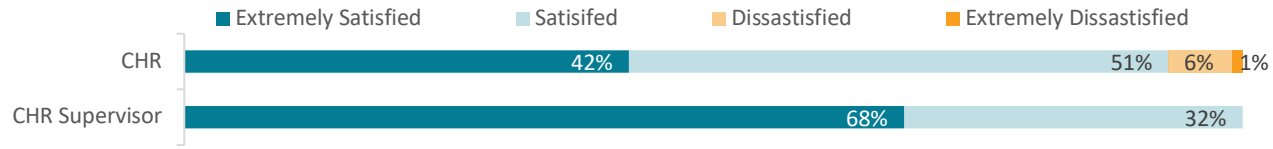
Table 2. Workforce characteristics of CHRs & CHR supervisors

	CHR % (n)	CHR Supervisor % (n)	Total % (n)
Employment status (N=112)			
Full Time	99% (81)	97% (29)	98% (110)
Part Time	1% (1)	3% (1)	2% (2)
How long have you been in this position (N= 111)			
Average length in years (range)	5.89 (1-42)	5.62 (1-14)	5.82
Individual Annual Salary (N= 98)			
Less than $10,000	3% (2)	0% (0)	2% (2)
$10,000 - $25,000	22% (16)	8% (2)	18% (18)
$25,000 - $35,000	38% (28)	12% (3)	32% (31)
$35,000 - $50,000	29% (21)	28% (7)	29% (28)
$50,000 - $75,000	3% (2)	16% (4)	6% (6)
$75,000 +	0% (0)	24% (6)	6% (6)
Prefer not to answer	5% (4)	12% (3)	7% (7)
Current Hourly Rate (N= 74)			
Mean hourly rate in USD (range)	18.02 (11.53 - 36.00)	24.90 (13.00 – 50.00)	21.46

Job Satisfaction

Participants were asked, "How satisfied are you with your job as a CHR?" Response options included extremely satisfied, satisfied, dissatisfied, and extremely dissatisfied (Figure 1).

Fig. 1. How satisfied are you with your job as a CHR? (N=107)



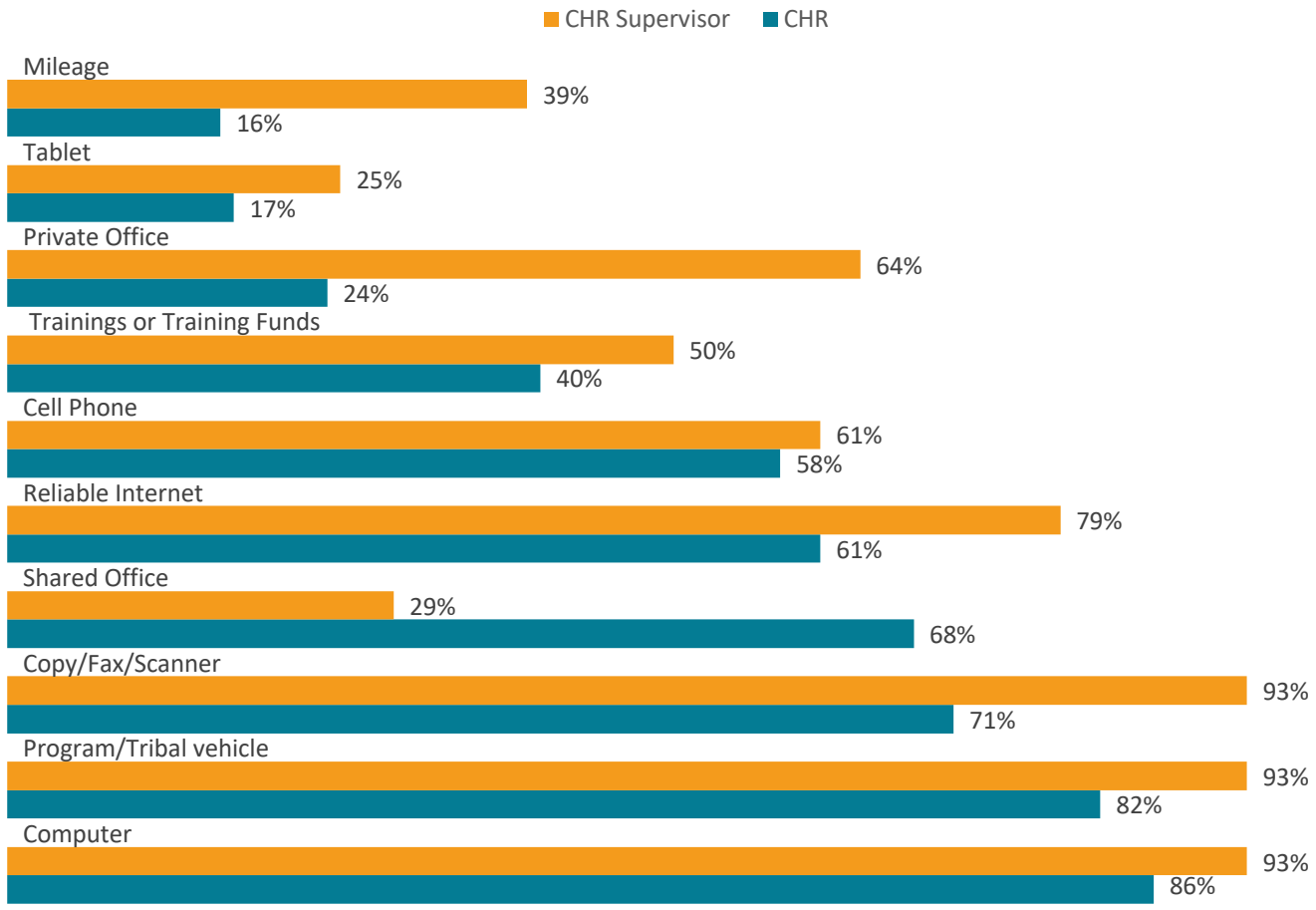
Results Summary

Results revealed that 100% of CHR supervisors and over 90% of CHRs reported job satisfaction.

Resources Available

To assess the availability of resources for CHR employees, participants were queried, "What resources do you have available to you to do your job as a CHR?" Respondents selected from a list of 11 resources, plus a write-in option (Figure 2).

Fig. 2. What resources do you have available to you to do your job as a CHR? (N=109)



Results Summary

Results for CHRs indicate varied availability of resources. Over 80% of CHRs reported having access to a computer and program vehicle necessary for their role. Between 60% and 70% of CHRs reported access to a cell phone, reliable internet, shared office space, and a copy/fax machine. Approximately 40% of CHRs indicated access to trainings or training funds, while less than a quarter reported access to a private

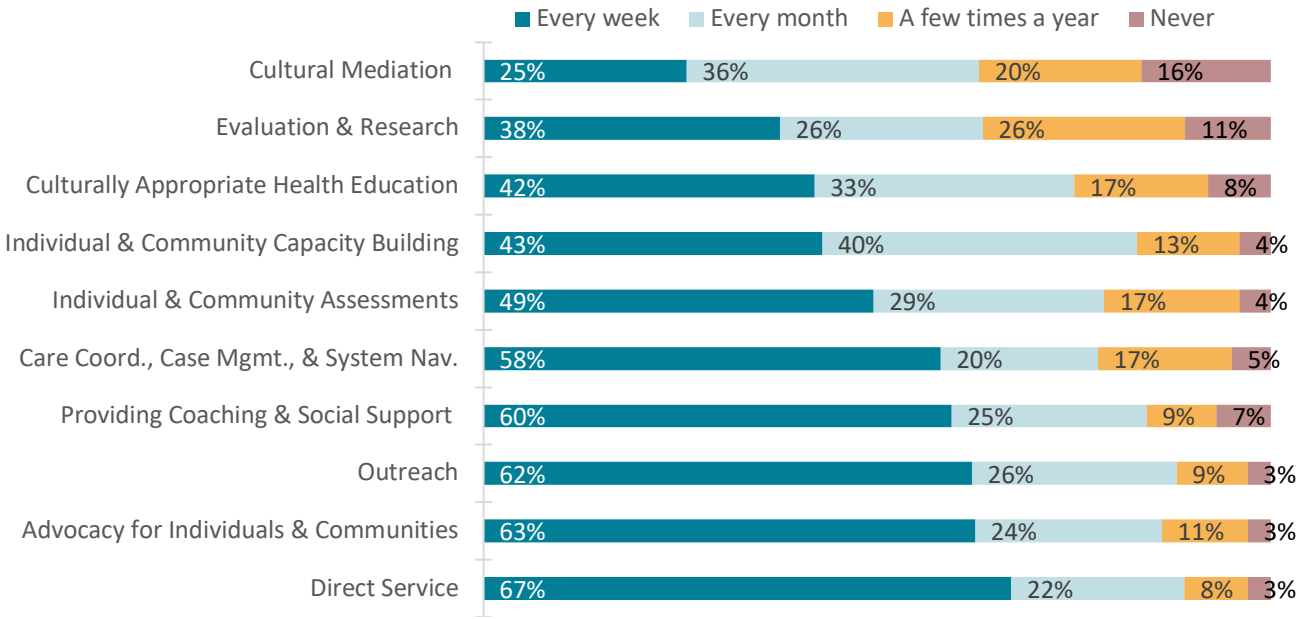
office, a tablet/iPad, or mileage reimbursement. CHR supervisors were more likely than CHRs to have access to all resources except shared office spaces.

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: weekly, monthly, a few times a year, or never (Figure 3).

Fig. 3. Please mark how often you conduct each of these 10 Core CHR Roles (N=102)



Results Summary

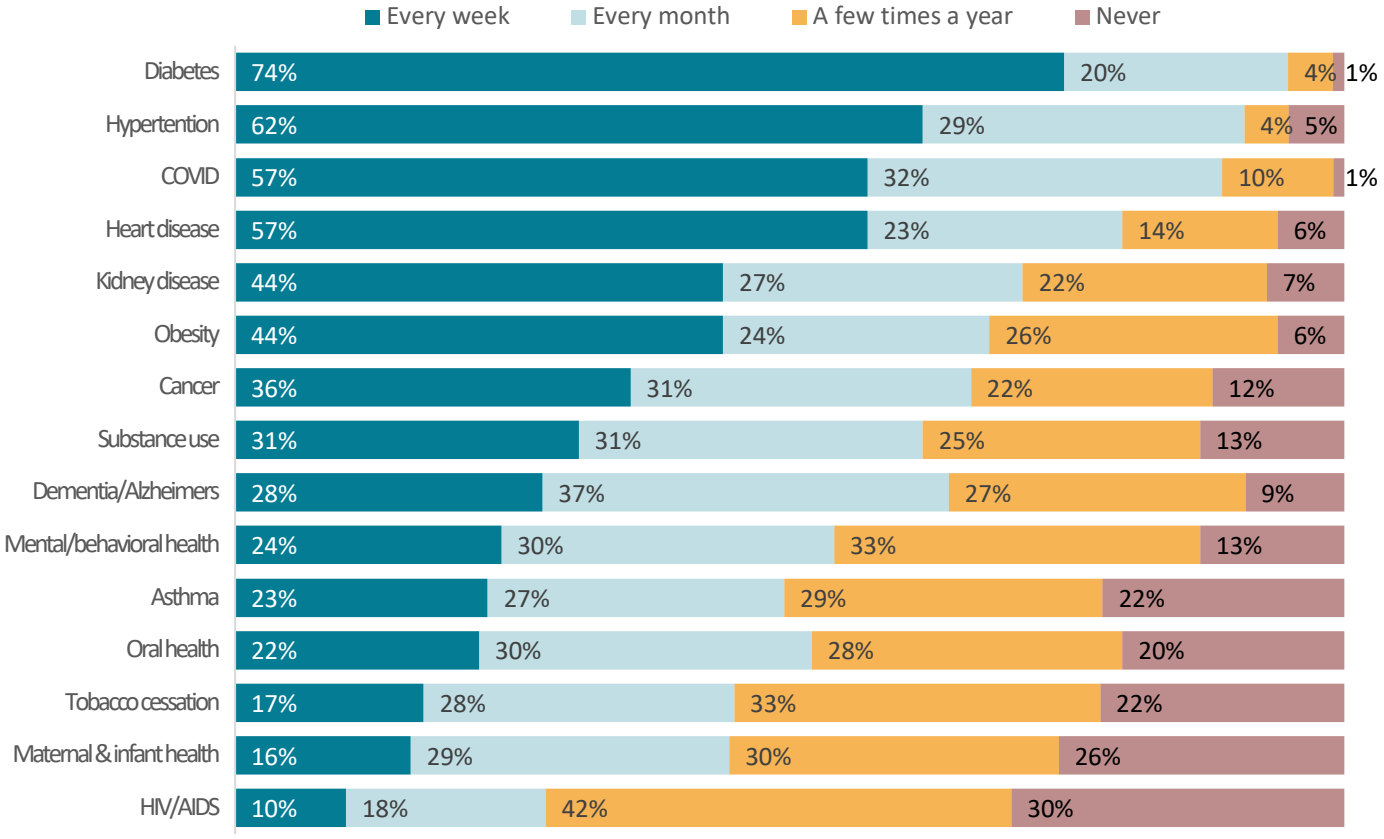
Approximately 60%-70% of CHRs reported engaging on a weekly basis in direct service, advocacy for individuals and communities, outreach, providing coaching and social support, and participating in care coordination, management, and systems navigation. Around 40%-50% reported weekly involvement in building individual and community capacity and delivering culturally appropriate health education. CHR participation in evaluation and research varied from weekly to yearly. Many CHR programs regularly participate in evaluation and research activities in partnership with NAU-CHER. Regarding cultural mediation, only a quarter of CHRs reported weekly engagement. However, discussions with the CHR

Evaluation Working Group revealed that many CHRs found the term "cultural mediation" unclear. They suggested that "serving as a cultural liaison" would have been more appropriate. CHRs emphasized that cultural mediation is integrated into their practice organically, suggesting they engage in this core role more frequently than indicated in the data. Caution is advised in interpreting this result as we refine these questions for future survey iterations.

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: weekly, monthly, a few times a year, or never (Figure 4).

Fig. 4. Please mark how often you address the following health conditions in your work as a CHR (N=102)



Results Summary

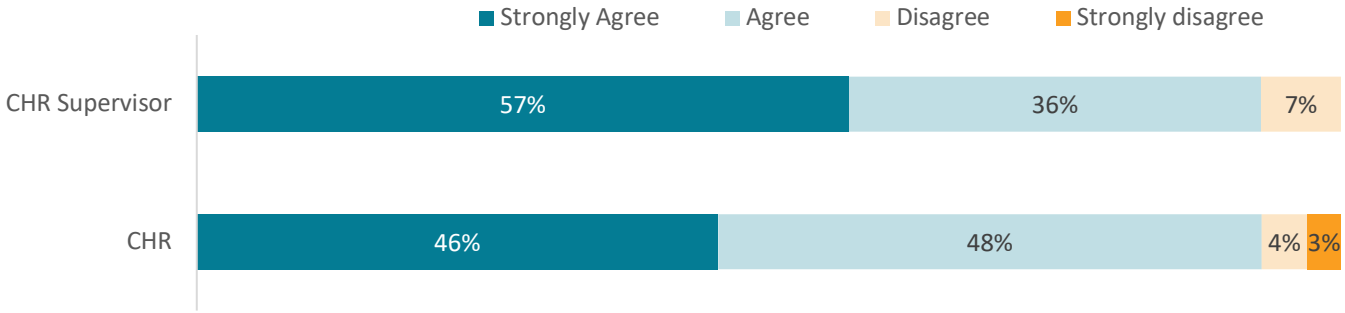
Approximately 25%-40% of CHRs address the health conditions of cancer, substance use, dementia/Alzheimer's, and mental and behavioral health on a weekly to monthly basis. Approximately

45%-60% of CHRs address the health conditions of obesity, kidney disease, heart disease, COVID-19, and hypertension weekly, while nearly 75% of CHRs reported addressing diabetes weekly. The conditions of asthma, oral health, tobacco cessation, maternal and infant health, and HIV/AIDS are addressed between monthly to a few times a year.

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 AI/AN 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 including strongly agree, agree, disagree, and strongly disagree (Figure 5).

Fig. 5. I believe that as a CHR, I have influenced policy in my organization, community, state, or Tribe (N=105)



Results Summary

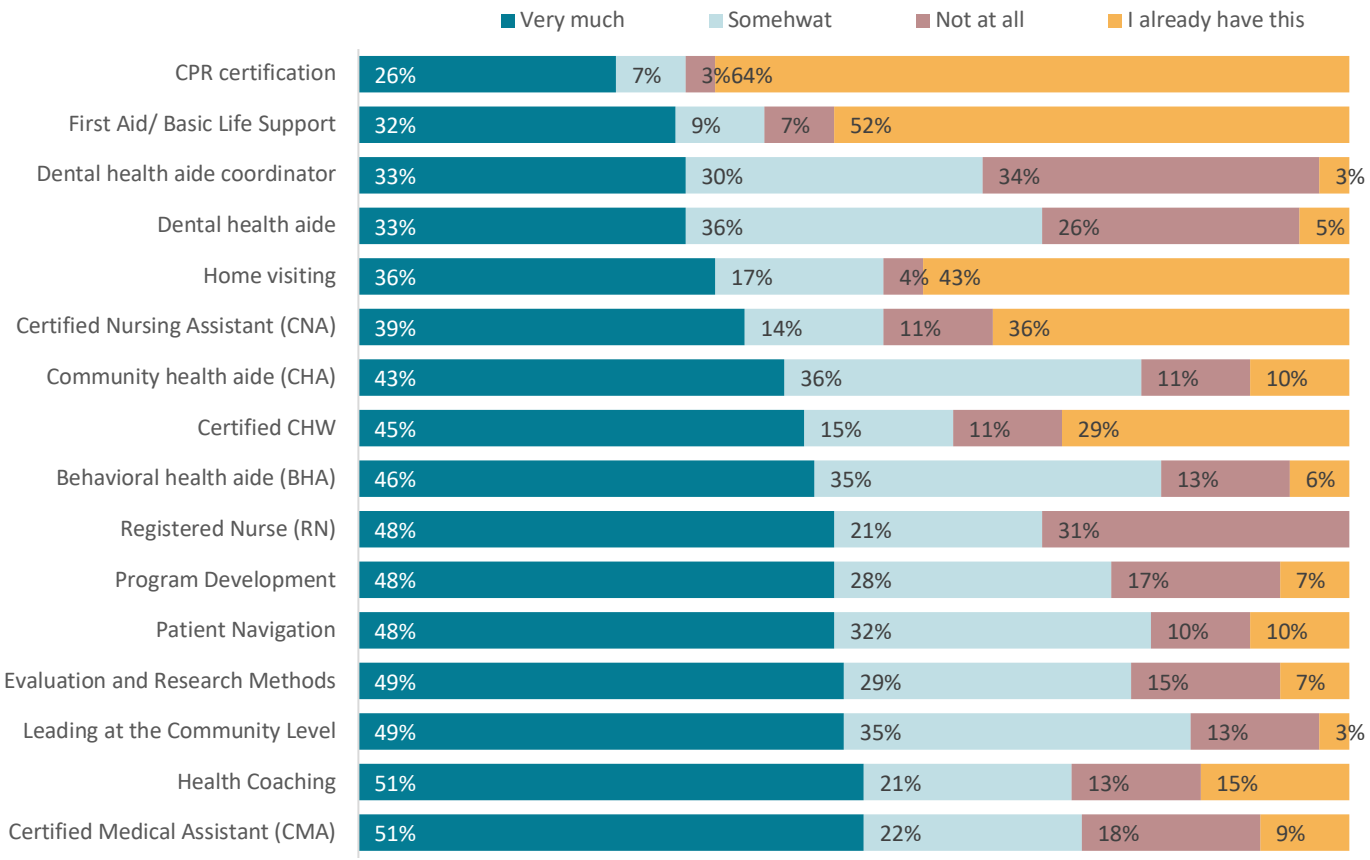
About 90% of total survey participants believe that they are influencing policy in their organization, community, state, or Tribe. Only 7% of CHRs and 7% of CHR supervisors reported they did not have an influence on policy.

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 6). They also had the option to write in any additional training/certifications they desired (Table 3).

Fig. 6. What is your level of interest in gettting any of the following advanced certifications/trainings? (CHRs only, N=86)



Results Summary: Already acquired training & certifications

More than half of CHRs are already certified in First Aid/Basic Life Support and CPR. Over 40% of CHRs have completed home visitation training and 36% are a Certified Nursing Assistant (CNA). One-third have acquired a Community Health Worker certification.

Results Summary: Highly desired training & certifications

Highly 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 infrequent engagement in evaluation and research as part of their core roles, almost 50% expressed interest in advancing their training in this area.

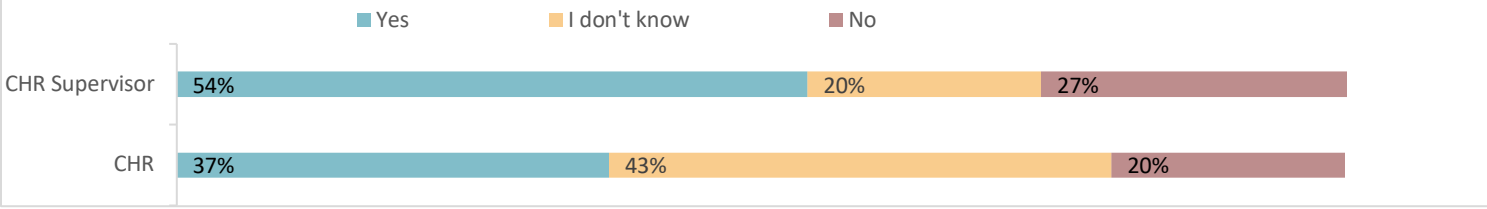
Table 3. Sample write-in responses of desired trainings & certifications

- Hands-on case management
- Reproductive & sexual health education
- Maternal & child health
- Animal control/care
- Basic wound care
- Pharmaceuticals
- Diabetes care
- Public speaking
- Motivational interviewing
- Communicating with elders

Career Progression and Advancement

We assessed awareness of opportunities for CHR career progression and advancement commensurate with a pay increase (i.e. promotion/step-ups) at their current place of employment (Figure 7) and asked CHRs and supervisors to describe any changes they wish to see in regards to pay and career advancement.

Fig. 7. Are you eligible for promotion/step-ups with pay increases at your place of employment? (N=101)



Results Summary

Overall, more CHR supervisors are eligible for a pay increase or promotion compared to CHRs (54% vs 37%). Many CHRs (43%) did not know if they were eligible for a promotion.

Over 80% of responses related to a strong desire/need for pay increases in their place of work when asked:

1) Please tell us any changes you would like to see in the level of pay, benefits you receive, and other resources available to you
2) Please tell us your own experience with the promotion/step-up pathway (or lack of one) at your current place of employment and any changes you wish to see

"My CHRs do not receive state minimum wage, I would love to see them, at least, get that."

"Promotions do not exist. Everyone is at one set rate that does not include or recognize those who have been working longer or those who are certified vs. not certified."

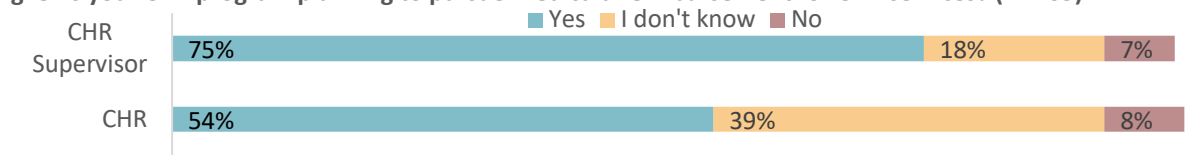
"I would like to see CHR levels with different pay grades..."

SUSTAINABILITY

Medicaid Reimbursement

In 2023, questions about Medicaid reimbursement were added to the survey (Figure 8).

Fig. 8. Is your CHR program planning to pursue Medicaid reimbursement for CHR services? (N=105)



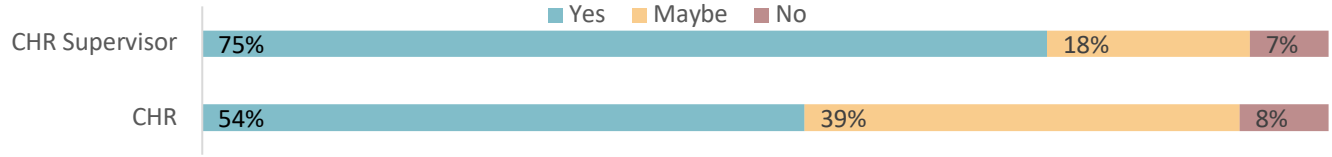
Results Summary

Most CHRs and CHR supervisors reported their program plans to pursue Medicaid reimbursement (54% and 75%, respectively), with less than 10% reporting no plans to pursue Medicaid reimbursement. Respondents expressed interest in training and education about the existing reimbursement pathways and desire to be more involved in the process.

Voluntary Certification

In 2022, Arizona Community Health Worker Voluntary Certifications became available. We asked, "Is your CHR program planning to pursue CHW Voluntary Certification for CHR staff?" (Figure 9), as well as "If not, or if you are unsure, what kind of support would you need to get CHW Voluntary Certification?"

Fig. 9. Is your CHR program planning to pursue CHW Voluntary Certification for CHR staff? (N=106)



Results Summary

Largely, CHRs and CHR supervisors reported that their program had plans to pursue voluntary certification (54% and 75%, respectively). However, nearly 40% of CHRs and 20% of supervisors were uncertain and about 8% of both CHRs and supervisors reported no plans to pursue certification.

Some respondents described that they need for more information on CHW voluntary certification, and where and how to apply. Time was highlighted as a barrier to the certification. Additionally, CHRs desired more support at the Tribal level for overcoming barriers such as lack of resources and inconsistent internet access necessary to pursue CHW voluntary certification.

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:

Communication & Feedback	Education & Training	Support
•Maintain constant communication between CHR programs •Discuss program goals, provide regular updates on patients, and effectively report and manage data •Reconfigure data reporting requirements improve communication with other healthcare providers through electronic health records (EHRs)	•Continue to provide opportunities to attend summits, conferences, and other education opportunities •Pay increases and promotions should align with education, training, certifications, etc.	•Continue supportive work environment provided by their Tribal program and other healthcare providers •Expand their CHR program by increasing employees and work hours •Make roles and responsibilities clear through patient plans •Strategize to collaborate better with the healthcare team by growing personal relationships with other care providers

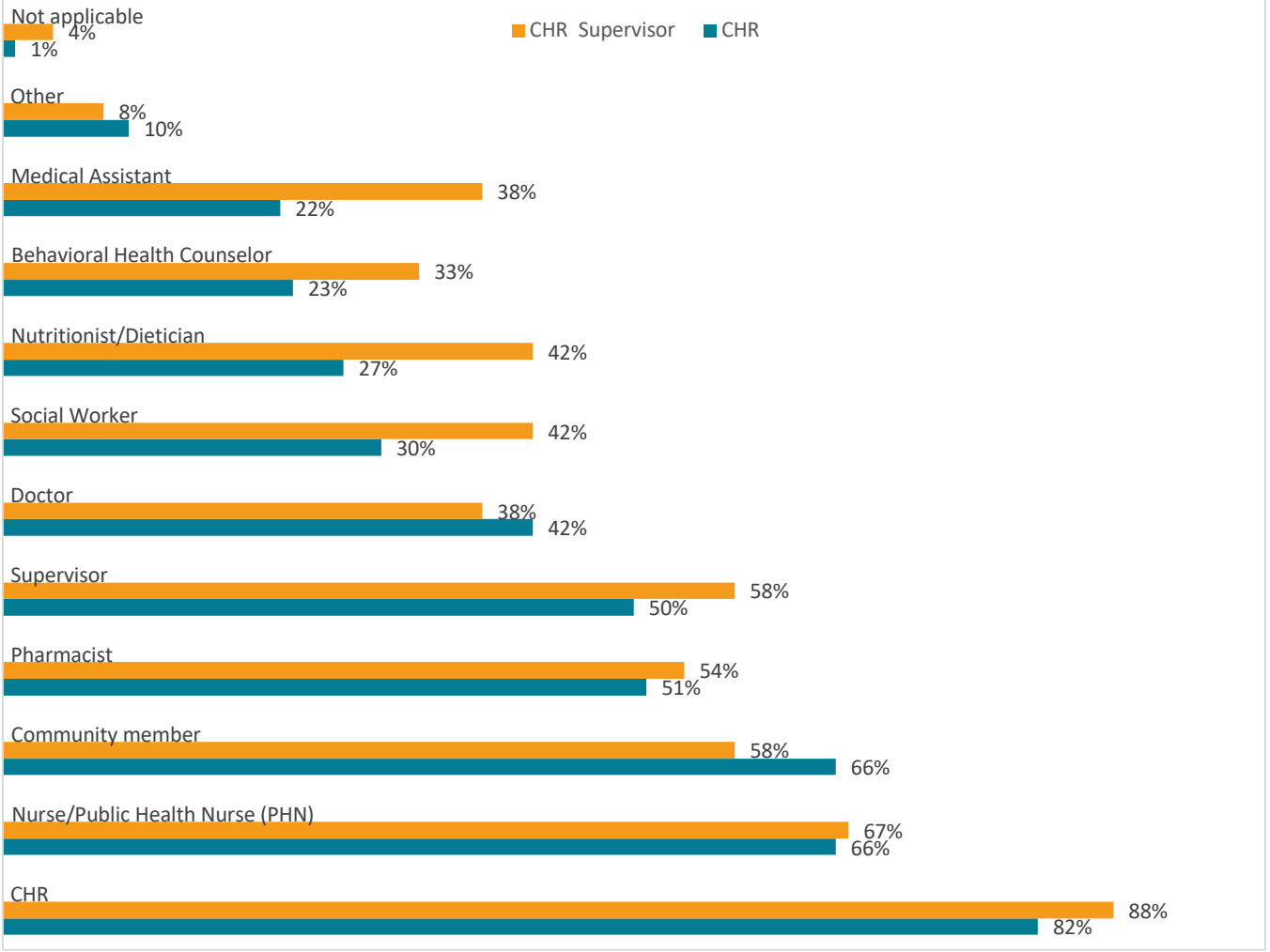
INTEGRATION IN HEALTH SYSTEMS AND TEAMS

A series of questions assessed the perceived integration of CHRs with the care team. A care team is a group of health and social service professionals who work together on a regular basis to coordinate care for patients/clients. For this survey, the care team may include a CHR, CHR supervisor, doctor, nurse, social worker, or other provider who work together for the benefit of a patient/client.

Who is on the Care Team

CHRs and supervisors selected from a list of 10 provider types (plus "other"/write-in and "not applicable") to describe whom CHRs work with most frequently (Figure 10).

Fig. 10. Who do you work with most often on your care team? (N=101)



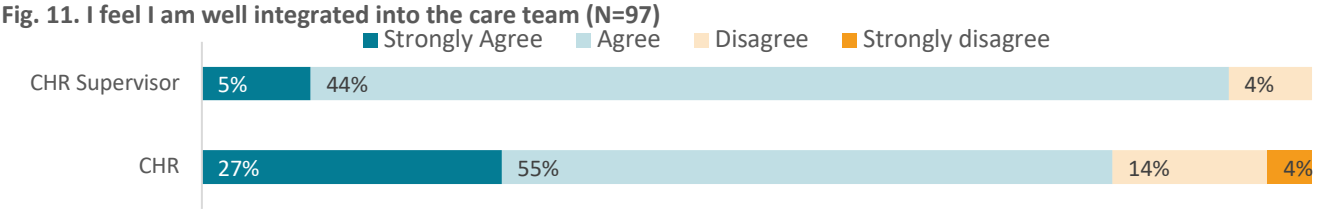
Results Summary

CHRs work with a variety of providers, most commonly nurses and community members, followed by pharmacists, supervisors, and doctors. CHR supervisors were reportedly more likely to work with social workers, nutritionists, behavioral health counselors, and medical assistants than CHRs. Write-in comments for "other" included Fire Department, Medical transporters, and Tribal health personnel.

CHR Integration into Teams

Participants ranked how well they are integrated into care teams; using a 4-point Likert scale: strongly agree, agree, disagree, and strongly disagree (Figure 11).

Fig. 11. I feel I am well integrated into the care team (N=97)



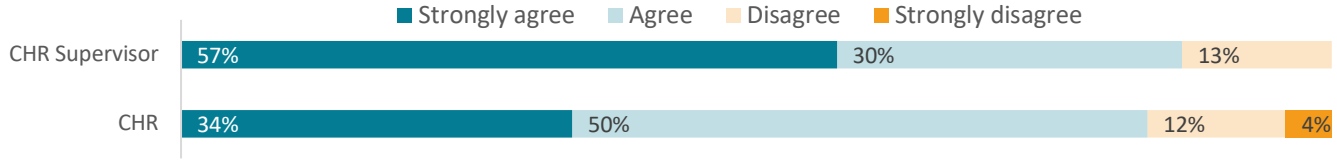
Results Summary

Majority of CHRs and CHR supervisors agreed or strongly agreed that they are well integrated into care teams (82% and 96%, respectively).

Understanding of CHR Roles by Care Team

The second measure of CHR integration includes assessing the perception among CHRs and supervisors of how well licensed health professionals understand their role. Survey participants were asked to rate the following statement, "I feel the healthcare providers I interact with have a good understanding of my roles and abilities as a CHR", using a 4-point Likert scale including strongly agree, agree, disagree, and strongly disagree (Figure 12).

Fig. 12. I feel the healthcare providers I interact with have a good understanding of my roles and abilities as a CHR (N=97)



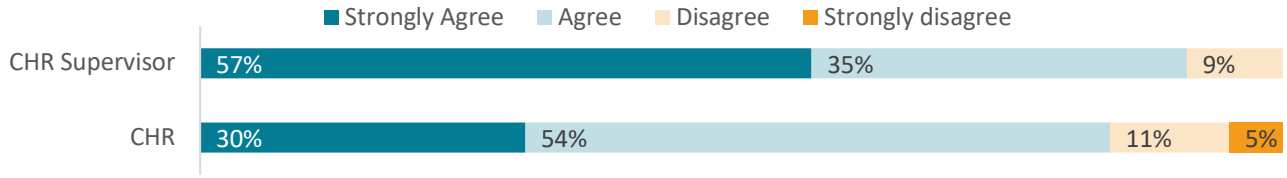
Results Summary

Approximately 80% of CHRs and 90% of CHR supervisors agreed or strongly agreed that the healthcare providers they interact with have a good understanding of their roles and abilities. More CHRs than CHR managers disagreed or strongly disagreed with this statement (16% vs. 13%, respectively).

CHR Value to Care Team

The third measure of CHR integration includes beliefs among CHRs and supervisors of their value to the care team. Survey participants rated the statement, "I feel I am a valued member of the care team", using a 4-point Likert scale including: strongly agree, agree, disagree, and strongly disagree (Figure 13).

Fig. 13. I feel I am a valued member of the care team (N=97)



Results Summary

Majority of CHRs and CHR supervisors agreed or strongly agreed that they are a valued member of the care team (84% and 92%, respectively). About 15% of CHRs and 10% of supervisors reported that they disagreed or strongly disagreed with the statement.

To assess what support CHR employees need to be fully integrated into healthcare teams, survey respondents were prompted to, "Please tell us what you think makes it easier to be included on a team with other healthcare or social service providers." Below are three key themes and a quote summarizing those themes:

1) **Healthy relationships**
2) **Frequent communication**
3) **Teamwork/collaboration**

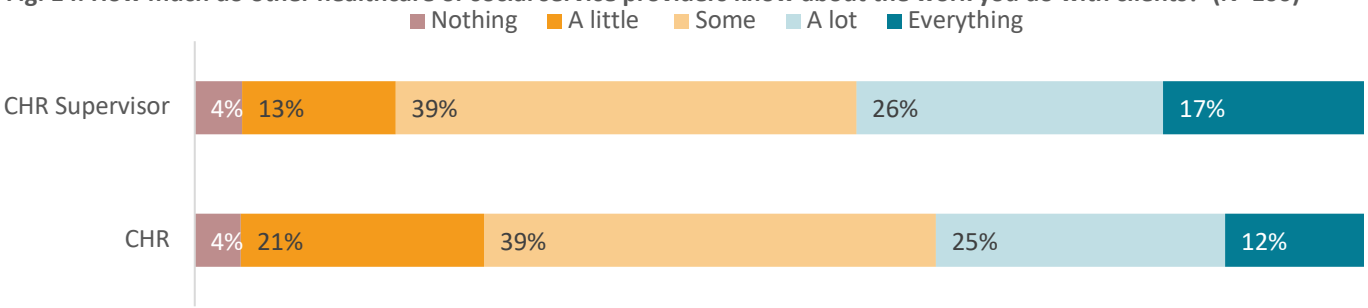
"We usually work with patients in common. Meeting and constant communication helps in the combined care of an individual"

Another common theme was "**Indigenous Knowledge**", which related to translators, cultural competency, and integrating Traditional Medicine.

Provider's Knowledge of CHR Roles

Health providers' awareness of CHR roles and abilities helps promote an environment in which the care team can efficiently work through patient plans, leverage strengths, and prevent unnecessary setbacks. Survey participants were asked, "How much do other healthcare or social service providers know about the work you do with clients?" Options included on the 4-point Likert scale included nothing, a little, some, a lot, and everything (Figure 14).

Fig. 14. How much do other healthcare or social service providers know about the work you do with clients? (N=100)



Summary Results

CHRs and CHR supervisors reported similar responses: approximately 40% believe that other healthcare or social service providers know a lot or everything about the work they do and 50%-60% reported that other providers know a little or some. Just 4% believe that other providers know nothing about the work they do with clients.

CHR-HEALTHCARE TEAM COMMUNICATION

Methods of Communication

Communication was a common theme that was brought up by most respondents as one of the primary areas to improve. They were asked, "What are the main ways you communicate with the care team about your clients? Which way do you like best and why?" About 60% of total respondents believe that **face-to-face communication** works best in working through patient plans. Some respondents reported that **communicating in their Native language** works very effectively.

CHRs value:

- **Consistency in communication** with their team members and directors to plan client timelines
- **Weekly updates** with other care providers
- **Frequent team meetings** to make an effective action plan for each client
- **1-on-1 meetings with their supervisor**

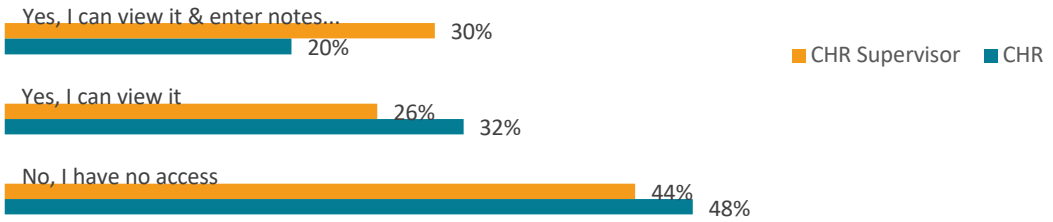
Several CHRs and CHR supervisors reported that **the ability to enter data and comments through EHRs** is necessary, convenient, and effective when communicating with other healthcare providers and social service providers.

It should be noted that during participatory analysis with CHRs and CHR supervisors, many CHRs are not provided with a work cell phone or tablet; thus, many CHRs use their personal devices for communicating during work-related business.

Electronic Health Record Access

Participants were asked, “Does your employer provide you with access to your client's electronic health record?” Options to answer 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 15).

Fig. 15. Does your employer provide you with access to your clients' electronic health record? (N=98)



Results Summary

Almost half of CHRs and 44% of CHR supervisors reported having no access to electronic health records (EHRs). About 30% of CHRs and 26% of supervisors reported that yes, they can view the EHR. However, fewer CHRs than CHR supervisors reported being able to view patient information and input notes to communicate with other providers within the EHR (20% vs 30%, respectively).

INDIAN HEALTH SERVICE AREA OFFICE SUPPORT

Participants were asked “How does your Indian Health Service - Area Office support your Tribe’s CHR Program?” Participants selected areas in which they are currently receiving support and areas in which they desire more support (Table 4).

Results Summary: Services currently received

The most common services that both CHRs and CHR supervisors are currently receiving from IHS is professional development and training (68% and 88%, respectively) and advocacy and policy support (66% and 65%, respectively). CHRs were more likely than CHR supervisors to report receiving consistent communication and meetings (70% vs 59%, respectively) and evaluation and feedback (66% vs 41%, respectively). Few CHRs and supervisors report receiving budget support and negotiation.

Results Summary: Services desired

The top three (3) services that CHRs desire from IHS are evaluation and feedback (75%), data entry training and feedback (77%), and professional development and training (81%). The top three (3) services that CHR supervisors desire from IHS are advocacy and policy support (83%), consistent communication and meetings (83%), and data entry training and feedback (83%).

Table 4: Support services received and support services desired from Indian Health Service – Area Office

Support Type	Support Received			Support Desired		
	CHR %(n)	Supervisor %(n)	Total %(n)	CHR %(n)	Supervisor %(n)	Total %(n)
Evaluation & Feedback	66% (33)	41% (7)	60% (40)	75% (35)	67% (12)	72% (47)
Professional Development & Training	68% (34)	88% (15)	73% (49)	81% (38)	67% (12)	77% (50)
Data Entry Training & Feedback	64% (32)	59% (10)	63% (42)	77% (36)	83% (15)	79% (51)
Consistent Communication & Meetings	70% (35)	59% (10)	67% (45)	68% (32)	83% (15)	72% (47)
Budget Support & Negotiation	38% (19)	35% (6)	37% (25)	60% (28)	72% (13)	63% (41)
Advocacy & Policy Support	66% (33)	65% (11)	66% (44)	48% (31)	83% (15)	71% (46)
Other	14% (7)	6% (1)	12% (8)	19% (9)	17% (3)	19% (12)
Total	50	17	67	47	18	65

CONCLUSION

CHRs deliver comprehensive care to clients with diverse medical and social needs and are essential to connecting community members to services in their communities. This pivotal moment in Arizona presents us with a unique opportunity to enhance the CHR workforce through promoting voluntary certification and Medicaid reimbursement, advocating for and supporting career advancement opportunities, and increasing CHRs' capacity in the EHR. Elevating the role of CHRs can significantly improve the health outcomes of the communities they serve. Let us seize the moment to create systemic change that fosters equity, quality care, and improved health for all.

APPENDIX

Table A. Community Health Representative (CHR) & CHR supervisor demographics, 2023

	CHRs % (n)	CHR Supervisor % (n)	Total % (n)
Respondents (N=117)	73.5% (86)	26.5% (31)	117
Age (N=100)			
Mean age in years (range)	45 (20 - 75)	49 (29 – 66)	46
Sex (N= 99)			
Female	84% (62)	84% (21)	84% (83)
Male	15% (11)	16% (4)	15% (15)
Prefer not to answer	1% (1)	0% (0)	1% (1)
Education Level (N= 100)			
Less than high school	4% (3)	0% (0)	3% (3)
High school/GED graduate	24% (18)	4% (1)	19% (19)
Some college, no degree	37% (28)	40% (10)	38% (38)
Associate degree (2-year)	28% (21)	12% (3)	24% (24)
Bachelor's degree (4-year)	7% (5)	36% (9)	14% (14)
Master's degree	0% (0)	8% (2)	2% (2)
Race (N=97)			
American Indian/Alaska Native	91% (67)	71% (17)	86% (84)
Hispanic/Latino	10% (7)	17% (4)	11% (11)
White	1% (1)	21% (5)	6% (6)
Black/African American	1% (1)	4% (1)	2% (2)
Asian	0% (0)	0% (0)	0% (0)
Native Hawaiian/Pacific Islander	1% (1)	4% (1)	2% (2)
Enrolled Tribal Member (N=97)			
No	11% (8)	32% (8)	17% (16)
Yes	89% (64)	68% (17)	83% (81)