

CHR ADVOCACY PACKET

Reinstating the Community Health Representative and Health Education Line Items in the Indian Health Service FY2019 Budget Request

Background: At the request of Tribes in Arizona, the Inter Tribal Association of Arizona called a CHR Call-to-Action Meeting on April 6, 2018 in Phoenix, Arizona. The purpose of the meeting was to present information and identify strategies to address the proposed cuts to the Community Health Representative (CHR) and Health Education (HE) budget line items included in the Indian Health Service FY2019 Budget Request. The meeting participants, from the member Tribes of ITAA , the Navajo Nation and the Advisory Council on Indian Health Care, identified strategies and a list of actions that Tribes, Tribal Organizations and advocates may seek to engage in to advocate for the restoration of these funds. Additional meetings have occurred on May 4, 2018, in Prescott, AZ and June 5, 2018, in Flagstaff, Arizona

Contents of Packet: This packet contains the following tools that Tribes can use to advocate for the reinstatement of the CHR and HE line items in the IHS budget. Tribes may use these tools at various opportunities to advocate. You may edit the tools to best fit your Tribe.

- Tribal Resolution Template
- Tribal Letter Template
- Issue Paper Template

If you have any questions or need technical assistance, please contact:

- Alida Montiel, Health Policy Director, ITCA (Alida.Montiel@itcaonline.com) or 602-258-4822
- Jamie Ritchey, Director, Tribal Epidemiology Center, TEC (Jamie Ritchey@itcaonline.com)

These individuals have volunteered to provide additional assistance:

- Kim Russell, Director, AACIHC (Kim.Russell@azahcccs.gov) or 602-542-5725
- Brook Bender, CHR Manager, Hualapai Tribe, (BBender@hualapai-nsn.gov)

ITAA
6/8/18

RESOLUTION NO. ____-201_
OF THE GOVERNING BODY OF THE
[Tribe] OF THE [Tribe] TRIBAL COUNCIL

**OPPOSING THE FISCAL YEAR 2019 IHS BUDGET REQUEST THAT DEFUNDS THE
COMMUNITY HEALTH REPRESENTATIVES PROGRAM AND HEALTH
EDUCATION PROGRAM AND RESPECTFULLY REQUESTING FULL FUNDING TO
CONTINUE THESE PROGRAMS**

WHEREAS, authority is vested in the [TRIBE] Council by the Constitution Approved [DATE] by the [TRIBE]; and

WHERE AS, the Congress had declared that it is a policy of the United States, in fulfillment of its special trust responsibilities and legal obligations to the American Indian people, to assure the highest possible health status for Indians and to provide all resources necessary to effect that policy and to raise the health status of Indians to at least the levels set forth in the goals contained within the Healthy People 2010 initiative or successor objectives, and

WHEREAS, the [Tribe] exists to advocate for policies that protect and enhance the quality of life of the people of the [Tribe]; and

WHEREAS, the [TRIBE] operates Community Health Representative and Health Education program contracts with IHS under the authority of P.L. 93-638, as amended, and

WHEREAS, the Community Health Representative (CHR) and Health Education programs have the health of the [Tribe] people as a priority, and they continue to provide, beneficial health care services to Tribal communities; and

WHEREAS, Community Health Representatives (CHRs) and Health Educators are trusted, community based tribal paraprofessionals who serve as intermediaries between health service providers and community members; and

WHEREAS, the CHR and Health Education programs collaborate with other tribal programs to expand health care service delivery for its residents, including and especially with Public Health Nurses and other Indian Health Service professionals; and

WHEREAS, [Tribe] strongly supports continuation and full funding for the Community Health Representative and Health Education line items in the Indian Health Service budget because there are a significant number of high-risk health disparities that effect the [Tribe] Reservation; and

WHEREAS, should funding for the CHR and Health Education program end, it will hinder the ability of the (Tribe) to meet the health care needs of those who suffer from chronic and infectious diseases as well as its ability to continue broader health care awareness and education; and

WHEREAS, CHRs, who serve as liaisons between health care providers and patients, are trained to respond to and help patients manage various chronic diseases, such as diabetes and hypertension, that adversely impact the lives of residents, and

WHEREAS, IHS must initiate a consultation meeting with all the Tribes as soon as possible before any dismantling of the CHR and Health Education programs occur, and

WHEREAS, the [Tribe's Health Department, Division of Health, or Department of Health, Education and Wellness] which manages programs that engage Community Health Representatives and Health Educators be engaged in these discussions to address health needs and education of community members; and

NOW THEREFORE BE IT RESOLVED, that the [Tribe] Council has met and concluded that IHS must maintain the CHR and Health Education programs as they are deemed necessary programs to meet the goals of IHS to raise quality health status for American Indian and Alaska Natives.

CERTIFICATION

The [Tribal Council] authorizes the [Chairwoman, Chairman, President] or [Vice-Chairman, Vice-Chairwoman or Vice-President] to negotiate and execute any and all agreements and contracts pertaining to the Community Health Representative Movement.

I, the undersigned as [Chairperson] of the [Tribal Council] hereby certify that the Tribal Council is composed of [#] council members of whom (), constituting a quorum, were present at a regular council meeting held on the ___ day of _____, 201_; and that that the foregoing resolution was duly adopted by a vote of () in favor () opposed () not voting, () excused, pursuant to authority of the Constitution of the [name] Tribe, approved [date].

Name and Title of Chair/President
[Name] Tribal Council

ATTEST:
[Name], Secretary
[Name of Tribe] Tribal Council

TRIBAL LEADER TEMPLATE LETTER

[DATE]

Dear Representative/Senator

The [TRIBE] implores the restoration of Community Health Representative (CHR) and Health Education funding in the IHS FY 2019 Budget Request. Removing funding from these vital community based programs does a huge disservice to all American Indians. The CHR Program has been authorized for 50 years this year and we should be celebrating its importance and not having to fight for its existence.

The decision to defund the CHR and the Health Education programs without tribal consultation is an affront to the [TRIBE] especially to the recipients of these services in our community. RADM Michael D. Weahkee has stated, "our budget plays a critical role in providing for a healthier future for American Indian and Alaska Native people." The FY 2019 proposed budget does not reflect this statement, if it includes cutting these important services.

For 50 years, Community Health Representatives have assisted medical professionals to connect with the communities they service. They provide one-on-one and community health education on topics such as hypertension, diabetes, heart and liver disease, and environmental health. The CHRs are the backbone of the Indian health care system and highly valued by the American Indian communities they serve. CHRs bridge the gap between clinicians and their patients, including the follow-up education that is provided in the home after a patient has been discharged. The CHRs are frontline workers who best understand the communities they serve. They often provide case management, care coordination, screening and supportive environmental services such as, animal control. CHRs provide essential home based services to American Indian elders and disabled individuals. Discontinuing the CHR Program would remove a safety net for our Tribal members to whom they provide services.

Likewise the restoration of funds to the Health Education line item is important to the (TRIBE). Public Health Educators develop programs and assist the (TRIBE) institute changes based on health promotion/disease prevention issues. For example, they take the lead on coordinating community awareness and training on chronic diseases, STD's, vector-borne diseases, commercial tobacco use, methamphetamine/prescription drug abuse and the development of health education curriculum in the schools.

The [TRIBE] respectfully requests restoration of the CHR and Health Education funding in FY2019 and support for needed increases that Tribes seek in future years. Your staff may contact me at any time to provide additional information about these concerns.

Sincerely,

[TRIBAL CHAIRMAN]

6.8.18 (*template*)

Briefing Paper

TRIBAL NATIONS SUPPORT FOR THE RESTORATION AND INCREASE IN FUNDING FOR THE COMMUNITY HEALTH REPRESENTATIVE/HEALTH EDUCATION LINE ITEMS IN THE FY2019 IHS BUDGET REQUEST

ISSUE:

Requesting that the United States Congress restore funding to the Indian Health Service Community Health Representative (CHR) and the Health Education line items that were zeroed out in the Fiscal Year 2019 IHS Budget Request

BACKGROUND:

Community Health Representatives

In the 1960s, American Indian communities in the United States identified the need and advocated for community health professionals and paraprofessional to improve cross-cultural communication between Native communities and predominantly non-Native health care providers. A federally funded Community Health Representatives (CHRs) program emerged. CHR's are characterized as community leaders in health who share the language, socioeconomic status and life experiences of the community member patients they serve.

The CHR program acts as a liaison and advocate for clients to assist them in meeting their health care needs, while upholding traditions, values and cultural beliefs of the individuals they serve. The twenty two Tribes in Arizona employ approximately 246 CHR's in all. All CHR staff, except for field supervisors and management staff are paraprofessionals and all CHR's are required to meet national training standards and any additional requirements identified by a Tribe or an urban Indian program.

CHR's assist emergency responders when public health emergencies occur. They conduct community assessments, communicate impacts and implement the community response in accordance with incident directives. Non-injured high-risk clients are generally assisted by the CHRs. The specific services provided by the CHR include home health care, personal care, health screens and individual/group education, referrals, case-finding, cluster interview, surveillance, medication delivery and compliance, and case management.

Health Education

The restoration of funds to the Health Education line item is another priority of the Tribes. Public Health Educators develop programs and assist Tribes make organizational changes based on health promotion/disease prevention issues. They take the lead for example to coordinate community awareness and training on chronic diseases, STD's, vector-borne diseases,

commercial tobacco use, community wide efforts to address methamphetamine/prescription drug abuse and commercial tobacco use and develop health education curriculum in the schools.

IMPACT OF THE 2019 PRESIDENT’S PROPOSED BUDGET:

The 2019 President’s Proposed Budget recommends defunding the CHR and the Health Education line items. The Inter Tribal Council of Arizona forecasts that without the community health workers, elderly clients, high-risk clients and clients with chronic diseases will be left without home health care services such as personal care, bathing, feeding, insuring that medications are available and referrals. In recent years CHR’s and Health Educators monitored and assisted their communities to keep infectious diseases (TB and STD’s) at a minimum in order to prevent outbreaks. The CDC had alerted several Tribes and epidemiological personnel were assigned to assist some of the Tribes to contain these outbreaks. Tribes highly value the role of CHRs who engage with the local IHS and Tribal health care clinics in order to provide patient follow-up. Likewise the Tribes see that the diligent efforts of Health Educators implement overarching public health strategies that are improving the lives of our tribal members.

RECOMMENDATIONS:

- Support full funding for the CHR and the Health Education programs in 2019 and beyond. These programs will aid Tribal government and Indian Health Service personnel to address health disparities and improve the quality and cultural competency of service delivery.
- Support efforts of the Tribes and the Indian Health Service to enhance data collection by allowing CHR and Health Educators the necessary access to the available client data entry programs and by providing the resources to support infrastructure and training to collect and evaluate the data.

CONCLUSION:

The rationale for the administration’s decision to zero out the CHR and Health Education line items is not explained succinctly in the FY2019 IHS Budget Request. Indications are that program effectiveness is not conclusive based on IHS data. The last time IHS conducted a formative evaluation of the CHR program occurred, was in April 1993. The report, “Management Issues in the Community Health Representative Program,” was developed by the Department of Health and Human Services, Office of Inspector General (OIG). A companion OIG report, “Revitalizing the Community Health Representative Program, was also published by April 1993. It can be used as a formative evaluation regarding prior concerns on the CHR program. The reports indicated that using the Scope of Work (SOW) and the CHR Information System (CHRIS II) alone were not enough to determine program quality, effectiveness, and impact. OIG was particularly concerned about program documentation in CHRIS II, transport of

patients, and the expense of training. OIG recommended in 1993 that performance indicators should be developed along with the establishment of voluntary targets for decreasing death and disease rates.

As mandated, IHS addressed the concerns in the 1993 OIG reports. The program goal and fourteen objectives were established and are available on-line to guide programs. Tribal and IHS responsibilities are clearly outlined. Reporting requirements were established and the data capture greatly improved from 1991 to 2017. CHR standards of practice, a standardized training curriculum, and a quality assurance program for care evaluation and internal monitoring were all designed and implemented. Tribal CHR programs are evaluated triennially. Today, 95% of the Tribal CHR programs are tribally contracted and compacted. Regarding all requests for programmatic improvement, the Tribal CHR program is a success.