# PROJECT BRIEF

# Tribal Community Health Representatives (CHR): Home care workforce insights, experiences, and recommendations for elder care.

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## Background

The Community Health Representative (CHR) Program, initiated by the Indian Health Service (IHS) in 1968, serves as a pivotal component of healthcare delivery in American Indian and Alaska Native (AIAN) communities. Distinct from non-tribal Community Health Workers (CHWs), CHRs are tribally-based community health workers who provide culturally responsive health services, primarily under tribal operation. This program emerged from the need to address specific healthcare gaps within AIAN populations, reflecting the IHS's commitment to culturally informed health practices and strong community partnerships. Despite its expansion and significant role in tribal healthcare, the CHR program faces numerous challenges, particularly in elder care which were exacerbated during the COVID-19 pandemic.

## Study Aims

This study aimed to assess the sufficiency of the CHR workforce in tribal and urban settings, particularly regarding their training, resources, and ability to meet the healthcare needs of elders. By centering the voices of CHRs, the study sought to understand the impact of organizational support, structural and community-level determinants, and AIAN culture on the CHR role. The findings are intended to guide best practices and recommendations for workforce recruitment and retention in tribal communities.

## Study Design

The study employed a qualitative approach, using a semi-structured guide and open ended questions in interviews with CHRs and their managers. Participants were recruited from the California Area Indian Health Service (IHS) clinic system using snowball sampling methods. The study focused on understanding the experiences of CHRs in providing elder care across rural, urban, and suburban settings. Interview questions covered various domains, including the scope of CHR services, experiences during the COVID-19 pandemic, cultural influences on elder care, perceived drivers and barriers to optimal care, and organizational support.

## Findings

- **Community Health Representative (CHR) Role & Services:**
  CHRs provide a broad range of services, including health education, technical assistance, case management, and connecting patients to essential resources. Home visiting and transportation were identified as particularly valuable services, enabling CHRs to deliver personalized, culturally informed care.

- **Tribal Home Care Settings:**
  Participants described challenges in providing care in expansive, rural service areas with significant transportation barriers and limited medical services. Despite these challenges, there was a strong sense of community pride, AIAN cultural valueand commitment to serving elders.

- **Social Determinants of Health (SDOH) Impacting AIAN Elders:**
  Key SDOH factors affecting AIAN elders included low socio-economic status, historical trauma, structural discrimination, and complications with eligibility for purchased referred care (PRC). These factors create significant barriers to accessing healthcare and other essential services.

- **AIAN Culture in Elder Care Practices:**
  AIAN culture plays a critical role in elder care, with CHRs often serving as cultural liaisons. The importance of cultural competency among the healthcare team was highlighted as essential for providing effective elder care.

- **Drivers of Optimal CHR Elder Care:**
  Individual drivers included dedication, engagement, and having a personal background in AIAN culture. External drivers included access to resources, technology, and technical assistance.

- **Barriers to Optimal CHR Elder Care:**
  Key barriers included high workload demands, low pay, funding constraints, and training challenges. Structural discrimination beyond tribal communities and a lack of respect and inclusion as part of the healthcare team were also identified as significant barriers.

- **Organizational Support for the CHR Role:**
  Support from organizational leadership, managers, and providers was seen as critical for CHR effectiveness. However, gaps in support, such as a lack of respect and inclusion, were noted.

- **COVID-19 Impact on CHR Services:**
  The pandemic significantly affected CHR services, with staffing shortages, service alterations, and increased isolation for elders. However, some clinics adapted by ramping up CHR home-based services and elder outreach programs.

## Limitations & Future Directions

The study's limitations include its focus on California tribes, small sample size, and reliance on snowball sampling. Future research should aim to include a more diverse sample of tribes from different regions to gain a comprehensive understanding of the CHR role and its impact on elder care. Additionally, exploring quantitative measures alongside qualitative insights could provide a more robust analysis of CHR effectiveness and needs.

## Policy Implications

The findings underscore the need for policy interventions to address structural barriers and enhance support for the CHR workforce. Recommendations include:

- Incorporating Indian preference in CHR hiring and ensuring cultural training for all staff.
- Raising awareness of the CHR role's value among healthcare teams.
- Integrating CHRs into healthcare planning and decision-making processes.
- Assessing elder care needs and aligning CHR training with these needs.
- Optimizing CHR workflows through technology and policy adjustments.
- Advocating for pay parity between CHRs and CHWs.

Externally, it is essential to pursue policy and agreement solutions  between local health agencies and tribes on the legal obligations to provide health services to AIAN residents and improve linkages with tribal partners to support community health and wellbeing.

## Conclusion

The study highlights the critical role of CHRs in providing culturally informed elder care in AIAN communities. Addressing the challenges faced by the CHR workforce, particularly in terms of structural barriers and organizational support, is crucial for enhancing their effectiveness and ensuring the wellbeing of AIAN elders. Implementing the study's recommendations can advance and optimize the CHR work environment, acknowledge their contributions, and sustain this vital part of the healthcare team.

## Full Report

https://healthworkforce.ucsf.edu/publications